

SECRETARY OF THE  
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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <b>Alliance to Improve Medicare (AIM)</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1001 Pennsylvania Avenue, NW, Suite 550 South, Washington DC 20004</b>			
3. Principal Place of Business (if different from line 2)			
City:	State/zip (or Country)		
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<b>David Wiermanski</b>	<b>202-452-8700</b>		<b>54643</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
			<b>35064000</b>

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇌ Termination Date \_\_\_\_\_


11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>40,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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*D. Wiermanski*

Date Aug. 1, 2005

Signature 

Printed Name and Title David Wiermanski, Vice President, Finance & Administration

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Registrant Name Alliance to Improve Medicare Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code MMA (one per page)

16. Specific lobbying issues

S.345, Medicare Prescription Drug Savings Choice Act of 2005  
S. 581, Medicare Prescription Drug Cost Containment Act of 2005  
H.R. 918, Medicare Prescription Drug Cost Containment Act of 2005  
H.R. 752, Medicare Prescription Drug Savings Choice Act of 2005

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. Senate  
U.S. House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Tracey Moorhead	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature see page 1 Date \_\_\_\_\_

Printed Name and Title see page 1

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alliance to Improve Medicare (AIM)  
Client Name

**Registration Update Page** - Complete ONLY where registration information has changed.

Client new address

Client new principal place of **business** (if different from line 20)

City State/Zip (or Country)

New general description of client's business or activities

**LOBBYIST UPDATE**

5. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Tracey Moorhead

**ISSUE UPDATE**

6. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

7. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

6. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

7. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owned per client

8. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization

Signature see page 1 Date \_\_\_\_\_

Printed Name and Title see page 1 \_\_\_\_\_

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