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LOBBYING REPORT

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

1. Registrant Name Alliance to Improve Medicare (AIM)			
2. Address <input type="checkbox"/> Check if different than previously reported 900 17th Street, NW Suite 600, Washington, DC 20006			
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 #
Tracey Moorhead	(202) 452-1029	tmoorhead@hlc.org	54643
7. Client Name <input type="checkbox"/> Self			6. House ID #
			35064000

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-December 31)

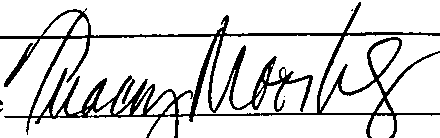
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ \$60,000 Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA default
	<input type="checkbox"/> Method B. Reporting amounts under section 6013(b)(3) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code

Signature 



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 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 MMM (one per page)

16. Specific lobbying issues

**Comprehensive Medicare Modernization and related legislative proposal
Medicare prescription drug legislation**


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

**US Senate
US 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  Date 8/13/01

Printed Name and Title Tracey Moorhead, Director

