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LOBBYING REPORT

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

1. Registrant Name American Academy of Sleep Medicine			
2. Address <input type="checkbox"/> Check if different than previously reported One Westbrook Corporate Center, Suite 920			
3. Principal Place of Business (if different from line 2) Westchester IL / 60154 City: State/zip (or Country)			
4. Contact Name David M. Barrett	Telephone (708) 492-0930	E-mail (optional) dbarrett@aasmnet.org	5. Senate ID # 3333-00012
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 34060000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature



Filing #196ec88d-6e99-4942-9c2d-f6d0f1482313 - Page 1 of 6

Date 8/9/2004

Signature



David M. Barrett, Specialty Society Coordinator

Printed Name and Title

LD-2 (REV. 4/03)

PAGE 1 o

Registrant Name American Academy of Sleep Medicine Client Name _____

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

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

16. Specific lobbying issues

Increase NIH Funding
 Increase Medicare Reimbursement Rates for Sleep Medicine Services


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

United States Senate
 United States House of Representatives
 National Institutes of Health
 Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Michael J. Sateia, M.D.	President, AASM
Jerome A. Barrett	Executive Director, AASM
Jennifer Markkanen	Assistant Executive Director, AASM
David M. Barrett	Specialty Society Coordinator

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

Signature  Date 8/9/2004

Printed Name and Title David M. Barrett, Specialty Society Coordinator

Form LD-2 (Rec. 4/03)

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Registrant Name American Academy of Sleep Medicine Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Conrad Iber, M.D.

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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


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

FOREIGN ENTITIES

27. Add the following foreign entities

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

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

Signature  Date 8/9/2004

