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SECRETARY OF THE SENATE

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January 17, 2006

Emily J. Reynolds
Secretary
United States Senate
Hart Senate Office Building
Suite 232
Washington, DC 20510-7116

Dear Ms. Reynolds:

Per your attached letter, please find enclosed a copy of the Association of Professors of Medicine's (4686-12) mid-year 2005 lobbying report. Please note that the original report was submitted as required but that a clerical error identified the report as the 2004 year-end report instead of the 2005 mid-year report.

Please contact me at (202) 861-7700 or cclayton@im.org with questions.

Sincerely,

Charles P. Clayton
Vice President for Policy

Enclosure

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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 Association of Professors of Medicine			
2. Address <input type="checkbox"/> Check if different than previously reported 2501 M Street, NW, Suite 550, Washington, DC 20037-1325			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Charles P. Clayton	Telephone (202) 861-7700	E-mail (optional) cclayton@im.org	5. Senate ID # 4686
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3388

TYPE OF REPORT 8. Year 2005 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</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 align="center">13. Organizations</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 checked="" type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature Charles P. Clayton

Printed Name and Title Charles P. Clayton, Vice President for Policy

0000032024



Registrant Name Association of Professors of Medicine Client Name _____

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

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

16. Specific lobbying issues

Fiscal year 2006 appropriations for the Department of Health and Human Services (National Institutes of Health, Agency for Healthcare Research and Quality, health professions programs of the Health Resources and Services Administration, Bureau of Health Professions)

Fiscal year 2006 appropriations for the Department of Veterans Affairs (health care services and medical research programs)

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

House, Senate

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

Name	Covered Official Position (if applicable)
Charles P. Clayton	

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

Signature Charles P. Clayton Date 7/31/05

0000032025

Filled Name and Title _____

Form LD-2 (Rev.6/98)

Page _

Registrant Name Association of Professors of Medicine 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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare payment for graduate medical education when residents train in nonhospital settings

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

House, Senate, Center 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)
Charles P. Clayton	

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

Signature Charles P. Clayton Date 7/31/05

0000032026



Printed Name and Title _____

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Page .

Registrant Name Association of Professors of Medicine 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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Compensation for physicians employed by the Department of Veterans Affairs
Contracting for physician professional servcies

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

Department of Veterans Affairs

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

Name	Covered Official Position (if applicable)
Charles P. Clayton	

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

Signature Charles P. Clayton Date 7/31/05

0000032027



Printed Name and Title _____

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Page _