

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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SECRETARY OF THE SENATE

06 FEB 24 1

LOBBYING REPORT

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

1. Registrant name			
Organization		Alston & Bird	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 601 Pennsylvania Ave., NW, 10th Floor			
City	Washington	State	DC
Zip Code	20004-2601	Country	US
3. Principal place of business (if different than line 2)			
City	Atlanta	State	GA
Zip Code	30309-3424	Country	US
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Jonathan M. Winer	(202) 756-3342	jwiner@alston.com
7. Client Name <input type="checkbox"/> Self		5. Senate ID #	
Allion Healthcare		1182	
		6. House ID #	
		31748102	

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 Activity ☐

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expert accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form C

Printed Name and Title Jonathan M. Winer, Partner





✓

Registrant Name Alston & BirdClient Name Allion Healthcare

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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Issues related to the Medicare and Modernization Act of 2003 (Public Law 108-173) and Medicare coverage.

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

CMS.
House of Representatives
US Senate

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for tl

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Timothy P.	Trysla		CMS - Senior Policy Advisor
David	Hebert		
Marilyn	Yager		
Jennifer W.	Bell		Senate Finance Committee-Health Policy Adv.
Thomas A.	Scully		Centers for Medicare & Medicaid-Administrator
Gina	Sherick		

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

Add a page for a differen

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Filing #31509ed3-db00-4811-b82f-02cd58cb8589 - Page 3 of 6

0000102719



Registrant Name Alston & BirdClient Name Allion Healthcare**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

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

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Sul

1

Alicia

Ziemiecki

3

2

4

ISSUE UPDATE24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Own perce client

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

1

3

5

2

4

6

Add a page for more up

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