

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 # 461
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 338

TYPE OF REPORT 8. Year 2004 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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇔ \$ _____
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇔ \$ _____
Expenses (nearest \$20,000)


14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6011 Internal Revenue Code

Method C. Reporting amounts under section 162(e) Internal Revenue Code

Charles P. Clayton 1/31/05

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

LD-2 (REV. 6/98)

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

Form LD-2 (Rev.6/98)

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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

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

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

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