

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-01
04 APR 12 1**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 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 # 34060-00

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec9. 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
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 checked="" type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ 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 of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature  Date **1/16/04**

Printed Name and Title David Barrett / Specialty Society Coordinator

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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 HCR (one per page)

16. Specific lobbying issues

Increase funding for National Intitutes of Health (NIH)
 Inrease Medicare reimbursement rates for Sleep Medicine


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

United States Senate
 United States House of Representatives
 Natioal 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)
Conrad Iber, M.D.	President, AASM
Jerome A. Barrett	Executive Director, AASM
Christopher Waring	Specialty Society Coordinator, AASM
David Barrett	Specialty Society Coordinator, AASM
Jennifer Markkanen	Assistant Executive Director, AASM

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

Signature  Date 1/16/04

Printed Name and Title David Barrett / Specialty Society Coordinator

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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

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 Bu (city and state or co

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 1/16/04

Printed Name and Title David Barrett / Specialty Society Coordinator

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