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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

# 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		5. Senate ID #	
<input type="checkbox"/> Self		1182	
Anodyne Therapy LLC		6. House ID #	
		31748	

**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 Act ☐

## 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 type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u>	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____
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 exp accounting method. See instructions for description of opti
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions c
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8 Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code

Form

Printed Name and Title Jonathan M. Winer, Partner

3000102726



Registrant Name Alston & BirdClient Name Anodyne Therapy LLC

**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 >

Legislative and regulatory matters regarding CMS

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

CMS

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for 1

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Thomas A.	Scully		CMS - Administrator
Timothy P.	Trysta		CMS - Senior Policy Advisor
Peter	Kazon		
Sharon	Brooks		

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

Add a page for a differ

Printed Name and Title Jonathan M. Winer Partner



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Registrant Name Alston & BirdClient Name Anodyne Therapy LLC**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 UPDATE**23. 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

S

☐ 1 Alicia

Ziemiecki

☐ 3☐ 2☐ 4**ISSUE UPDATE**24. 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
	Address	Country
	C/S/Z	City
		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)	Amount of contribution for lobbying activities	Owr perc clien
			City		
			State		
			Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, or affiliated organization☐ 1☐ 3☐ 5☐ 2☐ 4☐ 6Add a page for more u<sub>i</sub>Printed Name and Title Jonathan M. Winer, Partner


