

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
04 NOV -4 1**LOBBYING REPORT**

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

1. Registrant Name Alliance to Improve Medicare (AIM)			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, NW, Suite 550 South, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Tracey Moorhead	(202) 452-1029	tmoorhead@hlc.org	54643
7. Client Name <input type="checkbox"/> Self			6. House ID # 35064000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Decen

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>40,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of op</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitic</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p>
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Tracey Moorhead

Date

10/28/04

Signature

 Tracey Moorhead, Executive Director

Printed Name and Title

LD-2 (REV. 4/03)

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Registrant Name Alliance to Improve Medicare 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

Implementation of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) (H.R. 1)

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

U.S. Senate
U.S. House of Representatives
U.S. Department of HEalthhand Human Services

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

Name	Covered Official Position (if applicable)
Tracey Moorhead	

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

Signature *Tracey Moorhead* Date 12/28/04

