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LOBBYING REPORT

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

1. Registrant Name JENNER & BLOCK LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 601 Thirteenth Street, N.W., Suite 1200 South			
3. Principal Place of Business (if different from line 2) Washington, D.C. 20005 City: State/zip (or Country)			
4. Contact Name Robert M. Portman	Telephone (202) 639-6880	E-mail (optional) rportman@jenner.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self ALLIANCE OF SPECIALTY MEDICINE			6. House ID #

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**

<p>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 checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> 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>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"/> ⇔ \$ _____ 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 type="checkbox"/> Method A. Reporting amounts using LDA definitio</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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Signature

Date

2/16/05

Printed Name and Title

ROBERT M. PORTMAN, PARTNER

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name JENNER & BLOCK LLP Client Name ALLIANCE OF SPECIALTY MEDICINE

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 HCR (one per page)

16. Specific lobbying issues

Patient safety legislation/medical liability reform.

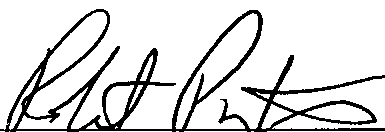
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives

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

Name	Covered Official Position (if applicable)
ROBERT M. PORTMAN, PARTNER	

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

Signature  Date 2/16/05

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

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