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SECRETARY OF THE SENATE
03 FEB 14 PH 2:04

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 900 17th Street, NW Suite 600 Washington, DC 20006			
3. Principal Place of Business (if different from line 2) City: Wa State/Zip (or Country): _____			
4. Contact Name Tracey Moorhead	Telephone (202) 452-1029	E-mail (optional) tmoorhead@hlc.org	5. Senate ID # 54643
7. Client Name <input type="checkbox"/> Self			6. House ID # 35064000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 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>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 accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature



Signature *Tracey Moorhead*

Printed Name and Title Tracey Moorhead, Executive Director

LD-2 (REV. 6/98)

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 registrant 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 (one per page)

16. Specific lobbying issues

Medicare modernization and prescription drug benefit legislation and related proposals!
H.R. 4954
S.R2/S. 2729
S. 2625

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

U.S. House of Representatives
U.S. Senate
U.S. Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
<u>Tracey Moorhead</u>	

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

Signature *Tracey Moorhead* Date 2-14-03

Printed Name and Title Tracey Moorhead, Executive Director

Form LD-2 (Rev.6/98)

Pag