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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Relations<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

05 MAR -3 PM 11:33 05 MAR -2 PM 11:33

# LOBBYING REPORT

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

1. Registrant Name  
Federated Ambulatory Surgery Assoc

2. Address  Check if different than previously reported  
700 North Fairfax Street, Suite 306

3. Principal Place of Business (if different from line 2)  
City: Alexandria State/Zip (or Country) VA 22314

|  |                                  |                   |                               |
|--|----------------------------------|-------------------|-------------------------------|
| 4. Contact Name<br><u>Kathy Bryant</u>       | Telephone<br><u>703.836.8808</u> | E-mail (optional) | 5. Senate ID #<br><u>5291</u> |
| 7. Client Name <input type="checkbox"/> Self |                                  |                   | 6. House ID #<br><u>34914</u> |

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec 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><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____<br/>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><b>13. Organizations</b></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><br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 61 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p> |
|--|--|

Signature \_\_\_\_\_

Printed Name and Title Kathy Bryant, Executive Vice President

LD-2 (REV 6/98)

Registrant Name Federated Ambulatory Surgery Association 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 code information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Reimbursement for ASCs.

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

CMS (formerly HCFA), House, Senate

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

| Name                | Covered Official Position (if applicable) |
|---------------------|---|
| <u>Kathy Bryant</u> |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |

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

Signature [Handwritten Signature] Date 2/14/05

Printed Name and Title Kathy Bryant, Executive Vice President

Form LD-2 (Rev. 6/98)

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