

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

01 DEC 20 PM 12: 00

# LOBBYING REPORT

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

1. Registrant Name <b>Fleishman-Hillard, Inc.</b>	
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1615 L Street, NW</b> Suite <b>1000</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20036</b>	
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)	
4. Contact Name <b>Bill Black</b>	Telephone <b>202-828-8889</b> E-mail (optional)
5. Senate ID #	
7. Client Name <input type="checkbox"/> Self <b>American Ambulance Association</b>	6. House ID # <b>30781001</b>

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30)  OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  >> Termination Date 10/31/2001 11. No Lobb

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this re 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>\$80,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$
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).	<b>14. REPORTING METHOD.</b> Check box to indicat accounting method. See instructions for description c
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defin
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 60: the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 16: Internal Revenue Code

Signature 

Date 12/14/2001



Registrant Name: Fleishman-Hillard, Inc.

Client Name: American Ambulance Association

**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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific Lobbying issues  
**Increased reimbursement - no specific legislation**


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

Lobbying Rpt.

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

Name	Covered Official Position (if applicable)
<b>Black, Bill</b>	
<b>Cooper, Stephen</b>	

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

Signature  Date 12/14/2001



Registrant Name: Fleishman-Hillard, Inc.

Client Name: American Ambulance Association

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or 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  
**Bates Boyle, Joy**

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
DRAFT		

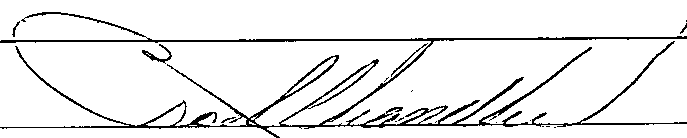
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant or affiliated organization

Signature  Date 12/14/2001

