

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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## LOBBYING REPORT

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

1. Registrant Name Capitol Decisions, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 101 Constitution Avenue, NW, Suite 675 East			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Carol A. McDaid	(202) 638-1950	cmcdaid@capitoldecisions.com	5516E
7. Client Name <input type="checkbox"/> Self American Ambulance Association			6. House ID # 3511E

**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 align="center"><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 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 align="center"><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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</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 Internal Revenue Code</p>
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Signature \_\_\_\_\_



Registrant Name Capitol Decisions, 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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Emergency response; disaster preparation; and emergency medical services issues.

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House of Representatives  
United States Senate  
Department of Health & Human Services  
Executive Office of the President

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

Name	Covered Official Position (if applicable)
Carol A. McDaid	
Gwen O'Brien	
H. Stewart Van Scoyoc	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature \_\_\_\_\_ Date 2/14/2005

Printed Name and Title Carol A. McDaid, Principal



Registrant Name Capitol Decisions, Inc. Client Name American Ambulance Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R.3109/S.1350, Medicare Ambulance Payment Reform Act of 2001, Medicare Reimbursement.

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

U.S. House of Representatives  
United States Senate

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

Name	Covered Official Position (if applicable)
Carol A. McDaid	
Gwen O'Brien	
H. Stewart Van Scoyoc	

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

Signature \_\_\_\_\_ Date 2/14/2005



Registrant Name Van Scoyoc Associates, Inc. Client Name American Ambulance Association

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 MMM (one per page)

16. Specific lobbying issues

Medicare reimbursement.  
CMS Medicare Ambulance Fee Schedule Proposed Rule.

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

House of Representatives  
United States Senate  
Centers for Medicare & Medicaid Services

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

Name	Covered Official Position (if applicable)
Carol A. McDaid	
Gwen O'Brien	
Liz Williams	
H. Stewart Van Scoyoc	

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

Signature Carol McDaid Date 2/14/2005

