

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 <u>Federated Ambulatory Surgery Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>700 North Fairfax Street, Suite 306</u>			
3. Principal Place of Business (if different from line 2) City: <u>Alexandria</u> State/Zip (or Country) <u>VA 22314</u>			
4. Contact Name <u>Kathy Bryant</u>	Telephone <u>703.836.8808</u>	E-mail (optional)	5. Senate ID # <u>52914</u>
7. Client Name <input type="checkbox"/> Self	6. House ID # <u>3491</u>		

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De
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 Lobbyir

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇔ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this re period were:

Less than \$10,000

\$10,000 or more ⇔ \$ 40,000
Expenses (nearest \$20

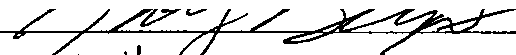
14. REPORTING METHOD. Check box to indica accounting method. See instructions for description:

Method A. Reporting amounts using LDA defir

Method B. Reporting amounts under section 60 Internal Revenue Code

Method C. Reporting amounts under section 14 Internal Revenue Code

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 cod 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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