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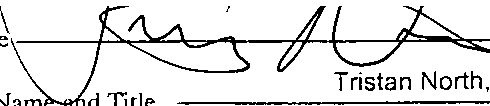
LOBBYING REPORT

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

1. Registrant Name American Ambulance Association			
2. Address <input type="checkbox"/> Check if different than previously reported 8201 Greensboro Drive, Suite 300			
3. Principal Place of Business (if different from line 2) McLean VA 22102 City: State/zip (or Country)			
4. Contact Name Tristan North	Telephone (703) 610-9018	E-mail (optional) tnorth@the-aaa.org	5. Senate ID # 56018-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35168000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December)
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 Act **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>200,000.00</u> <div style="text-align: center;">Expenses (nearest \$20,000)</div>
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions c <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Signature  Date 2/7/2005

Printed Name and Title Tristan North, Vice President of Government Affairs

Registrant Name American Ambulance Association 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Lobbied to increase Medicare reimbursement for ambulance service providers and improve Medicare reimbursement and coverage policies of ambulance services. Lobbied on legislation as follows:
- Medicare Ambulance Payment Reform Act (S. 171, H.R. 1301)
- Medicare Ambulance Payment Reform and Rural Equity Act (S. 3011, H.R. 5415)
Also lobbied on the implementation of the ambulance provisions in the Medicare Prescription Drug, Improvement and Modernization Act (MMA).


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

U.S. House of Representatives
United States Senate
Department of Health and Human Services
Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Tristan North	

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

Signature  Date 2/7/2005

Printed Name and Title Tristan North, Vice President of Government Affairs

Form LD-2 (Rec. 4/03)

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Registrant Name American Ambulance Association Client Name _____

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

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

16. Specific lobbying issues

Lobbied to ensure ambulance service providers are eligible for grant funding distributed by the Office of Domestic Preparedness, clarify that providers who respond to Federally declared disasters are eligible for reimbursement by FEMA and establish a lead Federal emergency medical services authority. Lobbied on legislation as follows:
- Faster and Smarter Funding for First Responders Act (H.R. 3266)
- Emergency Medical Services Support Act (S. 2351, H.R. 4831)
- FY 2005 Homeland Security Appropriations Bill (S. 2537, H.R. 4567)
- Transportation Reauthorization Act (S. 1072, H.R. 3550)


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

U.S. House of Representatives
United States Senate
National Highway Traffic Safety Administration
Department of Homeland Security
Federal Emergency Management Agency

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

Name	Covered Official Position (if applicable)
Tristan North	

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

Signature  Date 2/7/2005

Printed Name and Title

Tristan North, Vice President of Government Affairs

Form LD-2 (Rev. 4/03)

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Registrant Name American Ambulance Association 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Lobbied to ensure ambulance service providers are covered under legislation to limit damages in medical malpractice lawsuits. Lobbied on legislation as follows.
- Pregnancy and Trauma Care Access Protection Act (S. 2207)

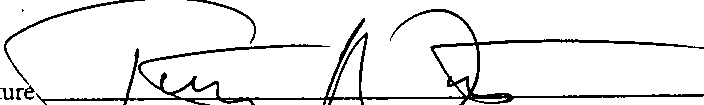
17. House(s) of Congress and Federal agencies contacted Check if None

United States Senate

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

Name	Covered Official Position (if applicable)
Tristan North	

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

Signature  Date 2/7/2005

Printed Name and Title

Tristan North, Vice President of Government Affairs

Form LD-2 (Rev. 4/03)

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Registrant Name American Ambulance Association Client Name _____

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

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)


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	Own percentage of client

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

Signature  Date 2/7/2005

Printed Name and Title Tristan North, Vice President of Government Affairs

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