



FEDERATED AMBULATORY SURGERY ASSOCIATION

700 North Fairfax Street Suite 306 Alexandria, VA 22314

Telephone: (703) 836-8808 Fax: (703) 549-0976 www.FASA.org

RECEIVED
SECRETARY OF THE SENATE

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November 2, 2000

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

RE: ID 52914-12

Dear Sir or Madam,

Please find enclosed a copy of my lobbying form, which was due on August 14, 2000. I apologize for the delay in filing this report. The delay was due to a misunderstanding regarding the relationship between the filing done for us by our outside lobbying firm and efforts undertaken by our staff. Given that none of our staff spent greater than 20% of their time lobbying, I did not think a report was required. Upon realizing a report was still needed, it is being submitted.

Please let me know if there is any other action that I need to take to be in full compliance.

Sincerely,

Kathy Bryant

Enclosure

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LOBBYING REPORT

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

1. Registrant Name <i>Federated Ambulatory Surgery Association</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>700 N. Fairfax, Suite 306</i>			
3. Principal Place of Business (if different from line 2) City: <i>Alexandria</i> State/Zip (or Country) <i>VA 22314</i>			
4. Contact Name <i>Kathy Bryant</i>	Telephone <i>703-826-8808</i>	E-mail (optional)	5. Senate ID # <i>52914-12</i>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <i>34914000</i>

TYPE OF REPORT 8. Year 2000 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</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"/> → \$ _____ 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> → \$ <u>200 40,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>

Signature *Kathy Bryant*
 Printed Name and Title *Kathy Bryant*

Registrant Name _____ 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

Reimbursement for ASCs

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

Check if None

NCFIA, House, Senate

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

Name	Covered Official Position (if applicable)	New
<u>KATHY BRYANT</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Check if None

Signature Kathy Bryant Date 11/2/00

Printed Name and Title Kathy Bryant, Executive Director