

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

RECEIVED,  
SECRETARY OF THE SENATE

03 AUG 14 PM 1:32

## LOBBYING REPORT

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

1. Registrant Name <b>Foley &amp; Lardner</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>3000 K Street, NW, Suite 500</b>			
3. Principal Place of Business (if different from line 2) City: <b>Washington</b> State/Zip (or Country) <b>DC 20007</b>			
4. Contact Name <b>Michelle Leeds</b>	Telephone <b>202-295-4123</b>	E-mail (optional) <b>mleeds@foleylaw.com</b>	5. Senate ID # <b>15042-107</b>
7. Client Name <input type="checkbox"/> Self <b>EmCare, Inc.</b>			6. House ID # <b>33563-064</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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 Lobbyi

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

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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>\$40,000</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><b>EXPENSES</b> 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"/> <b>Method A.</b> Reporting amounts using LDA def</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6013(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature 7 6 08 72

Printed Name and Title **Theodore H. Bornstein, Attorney**

LD-2 (REV. 6/98)

Registrant Name Foley & Lardner Client Name EmCare, Inc.

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

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

16. Specific lobbying issues  
Reimbursement rates for emergency room physicians and other issues relating to emergency room physicians

17. House(s) of Congress and Federal Agencies contacted  Check if None  
U.S. House of Representatives, U.S. Senate, HHS

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

Name	Covered Official Position (if applicable)
Cleta Mitchell	N/A
Theodore Bornstein	N/A
Jeffrey Newman	N/A
Irwin Raij	N/A
Susan Riley	N/A
Lena Robins	N/A

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

Signature 

Signature \_\_\_\_\_

Printed Name and Title **Theodore H. Bornstein, Attorney** \_\_\_\_\_

Form LD-2 (REV. 6/98)

Registrant Name Foley & Lardner Client Name EmCare, Inc.

**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

MED

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cot

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, affiliated organization

Signature 14 00 14

Printed Name and Title Theodore H. Bernstein Attorney

Form LD-2 (REV. 6/98)