

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

# LOBBYING REPORT

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

04 APR 22 PM 5: 20

|   |                             |                   |                        |
|---|-----------------------------|-------------------|------------------------|
| 1. Registrant Name<br>Muse & Associates   |                             |                   |                        |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>1775 I Street, NW, Suite 520, Washington, DC 20006 |                             |                   |                        |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____                                 |                             |                   |                        |
| 4. Contact Name<br>Donald N. Muse   | Telephone<br>(202) 496-0200 | E-mail (optional) | 5. Senate ID #<br>2624 |
| 7. Client Name <input type="checkbox"/> Self<br>American Orthotic and Prosthetic Association  |                             |                   | 6. House ID #<br>3257  |

**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 Lobbyin

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

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input checked="" type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br><small>Income (nearest \$20,000)</small> | <b>EXPENSES</b> relating to lobbying activities for this period were:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br><small>Expenses (nearest \$20,000)</small>  |
| 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).             | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.<br><input type="checkbox"/> Method A. Reporting amounts using LDA definition<br><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code<br><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code |

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Donald N. Muse, President



Registrant Name Muse & Associates Client Name American Orthotic and Prosthetic Associatio

**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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare Prescription Drug Act provisions as related to AOPA members' activities

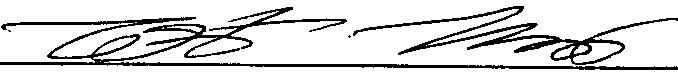
17. House(s) of Congress and Federal agencies contacted  Check if None

House Subcommittee on Health Chair Nancy Johnson and staff

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

| Name           | Covered Official Position (if applicable) |
|----------------|---|
| Donald N. Muse |   |
|                |   |
|                |   |
|                |   |
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|                |   |
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|                |   |
|                |   |
|                |   |

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

Signature  Date 3-11-

Printed Name and Title Donald N. Muse, President

