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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 Academy of Audiology			
2. Address <input type="checkbox"/> Check if different than previously reported 11730 Plaza America Drive, Suite 300			
3. Principal Place of Business (if different from line 2) City: Reston State/Zip (or Country) VA 20190			
4. Contact Name Jodi Chappell	Telephone (703) 790-8466	E-mail (optional) jchappell@audiology.org	5. Senate ID # 7937
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3619

TYPE OF REPORT 8. Year 2004 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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 align="center">13. Organizations</p> <p>EXPENSES 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 checked="" type="checkbox"/> ⇒ \$ <u>100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature Laura Fleming Doyle

Printed Name and Title Laura Fleming Doyle Executive Director

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Registrant Name American Academy of Audiology Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 HCR (one per page)

16. Specific lobbying issues

hearing health care
access to audiology services

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

U.S. House of Representatives
U.S. 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)
Jodi Chappell	
Marshall Matz, Esq.	
Robert Hahn, Esq.	
Pam Furman, Esq.	
Brian Johnson	

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

Signature Laura Fleming Doyle Date 2-14-05

Printed Name and Title Laura Fleming Doyle Executive Di

Form LD-2 (Rev. 6/98)

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