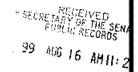
Clerk of the Hunse of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Han Building Washington, DC 20510



LOBBYING REPORT

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

Suite 903-L. IPC 20006 USA	5 Sepate (ID #		
d (optional)			
il (optional)	<u> </u>		
il (opti(mal)			
Tesephone E-mail (optional)			
7. Client Name Self American Medical Response			
r Line 12 OR Line 13			
13. Organizations			
EXPENSES relating to lobbying a period were:	activities for this reporting		
Less than \$10,000 [
	Expenses (neuross \$20,000)		
 REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. 			
☐ Method A. Reporting amounts using LDA definitions only			
(i) Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code			
Method C. Reporting amount faternal Revenue			
Date 8/1	4/99		
1	13. Organ EXPENSES relating to lobbying period were: Less than \$10,000 \$10,000 or more >> \$		

Registrant Name:	Black, Kelly, Scruggs & Heatey		
Client Name:	American Medical Response	······································	
engaged in lobbyi		to reflect the general issue areas in which the registranting period. Using a separate page for each code, provide	
15. General issue	area code HCR (one per page)		
16. Specific Lob Managed Co	bying issues	prudent layperson definition to the provision of ambula	ance service,
	Congress and Federal agencies contacted presentatives	☐ Check if None	
18. Name of eac	n individual who acted as a lobbyist in this i	issue area	
Name		Covered Official Position (if applicable)	New
Bode, Holly			Yes
Kane, Stace	Y		No
Klepner, ∂c	ry		No

	!		}
19. Interest of ea	ch foreign entity in the specific issues listed	I on line 16 above X Check if None	
Signatura		Date 8/14/99	
	Title Mury Kay Morio - Federal Comp	Jianaa Administrator	• • •
Frinted Name and	EIUC	Pag	C 4 0f 3

giştranı Name:	DIRCH IVERTY, OCTURE	s & Healey			
ient Name:	American Medical F	tesponse			
formation (pdate Page - Cor	aplete ONLY where t	registration information has c	changed.	
). Client new sêdr	esa		THE PARTY OF THE P		
	cipal place of business (if di	Storum from line 2/0			
ly		late/Zip (or Country)			
····	scription of elsent's husiness	~1.1			11.1
			minorium.		
OBBYIST UE 3. Name of each		ndividual who is no to	nger expected to act as a foliby	vist for the client	
Kane, Stace				,	
SSUE UPDAT					
		reported that no longe	r pertain		
FFILIATED	ORGANIZATIONS	<u> </u>			
	ewing affiliated organiz				
		****	Principal Place of Business		
	Name	^	ddress	(city and state or country)	
			longer all itiated with the world	trant or elient	
Name of eacl	h previously reported o	WEGINSTRONG HOLES HAVE	ronger animated train the regist		
. Name of each	h previously reported (v Servenced rear 14 fee.	Tonger Mindele Trail the registre		
OREIGN EN	TITIES	Agains and that is the	·		
OREIGN EN		y gain and a fact in the			
OREIGN EN	TITIES	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership % in client
OREIGN EN	TITIES		Principal Place of Business	Amount of contribution	3
OREIGN EN	TITIES		Principal Place of Business	Amount of contribution	3
OREIGN EN Add the follo Name	TITIES wing foreign entities	Address	Principal Place of Business (city and store or country)	Amount of contribution for fobbying activities	is client
OREIGN EN Add the folio Name Name	TITIES owing foreign emitties	Address	Principal Place of Business	Amount of contribution for fobbying activities	is client
OREIGN EN 7. Add the follo Name	TITIES owing foreign emitties	Address	Principal Place of Business (city and store or country)	Amount of contribution for fobbying activities	is client
OREIGN EN Add the folio Nome	TITIES owing foreign emitties	Address	Principal Place of Business (city and store or country)	Amount of contribution for fobbying activities	is client
OREIGN EN Add the folio Nome	nving foreign entities by previously reported forganization	Address	Principal Place of Business (city and stone or country) (city and stone or country) (city and stone or country)	Amount of contribution for fobbying activities	is client