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## LOBBYING REPORT

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

1. Registrant Name <b>Black, Kelly, Scruggs &amp; Healey</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>1801 K Street, N.W.</b> Suite <b>901-L</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20006</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Charles Black</b>		Telephone _____ E-mail (optional) _____	5. Senate ID # <b>6291-63</b>
7. Client Name <input type="checkbox"/> Self <b>American Medical Response</b>		6. House ID # <b>33118080</b>	

TYPE OF REPORT 8. Year 1999 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	
<b>12. Lobbying Firms</b>  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> Income (nearest \$20,000)  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>13. Organizations</b>  EXPENSES relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.  <input type="checkbox"/> Method A. Reporting amounts using LRA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Mary Kay Morin Date 8/14/99  
Printed Name and Title Mary Kay Morin - Federal Compliance Administrator Page 1 of 3

Registrant Name: Black, Kelly, Scruggs & Healey

Client Name: American Medical Response

**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 HCR (one per page)

16. Specific Lobbying issues

**Managed Care legislation - specific activity to extend prudent layperson definition to the provision of ambulance service.**

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

☐ Check if None

**House of Representatives**

**Senate**

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

Name	Covered Official Position (if applicable)	New
<b>Bode, Holly</b>		<b>Yes</b>
<b>Kane, Stacey</b>		<b>No</b>
<b>Klepner, Jerry</b>		<b>No</b>

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

☒ Check if None

Signature \_\_\_\_\_ Date 8/14/99

Printed Name and Title Mary Kay Morin - Federal Compliance Administrator Page **2** of **3**

Registrant Name: Black, Kelly, Scruggs & Healey

Client Name: American Medical Response

**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  
Kane, Stacey

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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	Ownership % in client

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client, or affiliated organization

Signature \_\_\_\_\_ Date 8/14/99

Printed Name and Title Mary Kay Morin - Federal Compliance Administrator Page 3 of 3