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SECRET  
03 AUG 1**LOBBYING REPORT**

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

1. Registrant Name Fabiani & Company, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1101 Pennsylvania Avenue, NW Suite 700			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20004			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Scott Thompson	(202) 756-4538	sthompson@fabiani-co.com	72576-3
7. Client Name <input type="checkbox"/> Self Hackettstown Community Hospital			6. House ID # 359320

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December) 
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 Activities **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this report 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 reporting method. See instructions for description of reporting method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature 

Printed Name and Title Scott A. Thompson, CPA - CFO

LD-2 (REV. 6/98)

PAC

Registrant Name Fabiani & Company, LLC Client Name Hackettstown Community Hospital

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

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

16. Specific lobbying issues

Federal support for expanding medical services

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

U.S. Senate  
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
James P. Fabiani	
Scott Tominovich	
Allison Clarke	

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

Signature *[Handwritten Signature]* Date 2/31/03

Printed Name and Title Scott A. Thompson, CPA - CFO

Form LD-2 (Rev.6/98)

Page 4

Registrant Name Fabiani & Company, LLC Client Name Hackettstown Community Hospital

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

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

16. Specific lobbying issues

Federal support for expanding medical services

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

U.S. Senate  
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
James P. Fabiani	
Scott Tominovich	
Allison Clarke	
.....	

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

Signature



Date

7/31/03

Signature \_\_\_\_\_

Printed Name and Title Scott A. Thompson, CPA - CFO

Form LD-2 (Rev.6/98)

Page 1