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

232 Hart Building Washington, DC 20510

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## LOBBYING REPORT

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

1. Registrasi Name ANTHONY A. AMABILE		The transfer of the second sec
2. Address Check if different than previously reported		
47 CEDAR STREET		
Principal Place of Business (if different from line 2)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
CITY SEASEY CITY SEASON	Zip (or Coronay) . N.J . O	730.5
3. Contact Name Telephone	E-mail (cotional)	S. Senate ID#
ANTHONY A. AMABILE 201-915-9691		46392-12
Client Name	Heteronomous and a second and a	6. House ID #
PEAGHTREE SETTLEMENT FUNDING		343/8000
YPE OF REPORT 8. Year /999 Midyes	-/t10. D	
		and the second of the second o
Check if this filing amends a previously filed version of this	report (	
. Check if this is a Termination Report A > Termination	Date /2-3/-99	11. No Lobbying Activity
NCOME OR EXPENSES - Complete Either	Line 12 OR Line 13	
12. Lobbying Firms	13. Org	anizations
NCOME relating to lobbying activities for this reporting	EXPENSES relating to lobbying activities for this reporting	
period was:	period were:	
.ess than \$10,000 🖸	Less than \$10,000 🔘	
· .	\$10,000 or more	
10,000 or more		Expenses (nearest \$20,000)
	14. REPORTING METHOD.	Check box to indicate expense
Provide a good faith estimate, rounded to the nearest 520,000, 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).	accounting method. See instructions for description of options.  Method A. Reporting amounts using LDA definitions only	
	Method B. Reporting amounts under section 6033(b)(8)of the Internal Revenue Code	
	Method C. Reporting amou	
greature anthony a. am &	6_	
inted Name and Title AUTHONY A AMAB	ILE PRESIDENT	
D-2 (REV. 6/98)	-	PAGE Lot

Registrant NameClient	Name	
LOBBYING ACTIVITY. Select as many codes as necessing and in lobbying on behalf of the client during the reprintermation as requested. Attach additional page(s) as necessing the control of the client during the reprintermation as requested.	ssary to reflect the general issue areas in which the registrant orting period. Using a separate page for each code, provide eded.	•
15. General issue area code (one per page)		
16. Specific lobbying issues		
NO LOBBYING -		
TERMINATION	NOTICE	
17. House(s) of Congress and Federal agencies contacted	Check if None	
·		
18. Name of each individual who acted as a lobbyist in th	ais issue area	
Name	Covered Official Position (if applicable)	Nev
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19. Interest of each foreign entity in the specific issues listed on	a line 16 above Check if None	ı
· · · · · · · · · · · · · · · · · · ·		
1.H- 11 11		
Signature Controlly h. Commission Printed Name and Title AUTHONY A. AMA	Date 4/17/00	<u> </u>
Printed Name and Title HUTHONY A. AHA	H8/4E	