

LOBBYING REPORT

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

1. Registrant Name Organization Individual
TIMOTHY BELL AND COMPANY

2. Address Check if different than previously reported
Address1 11479 WATERVIEW, #200 Address2
City RESTON State VA Zip Code 20190 - Count

3. Principal place of business (if different than line 2)
City State Zip Code - Count

4a. Contact Name Ms. MARCIA MABEE b. Telephone Number (703) 709-3001 c. E-mail mmabee@ix.netcom.com
 International Number

5. Senate 5825-2

7. Client Name Self
COALITION FOR AMERICAN TRAUMA CARE

6. House 328041

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) 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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying</p> <p>INCOME 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"/> \$</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>13. Organizations</p> <p>EXPENSE 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 type="checkbox"/> \$</p> <p>14. REPORTING Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) 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 Digitally Signed By: Marcia S Mabee  Date 01/15/06
US, DST ACES Business Representative, ACES TrustID Business Certificate, Marcia S Mabee

Printed Name and Title Marcia Mabee, President

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, provide information as requested. Attach additional page(s) as needed.

15. General issue area code (one per page)

16. Specific lobbying issues

H.R. 5647, trauma programs in bill
S. 3708, trauma programs in bill

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

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Marcia	Mabee		

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

0000020064

Printed Name and Title **Marcia Mabee, President**

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

Health Issues

 (one per page)

16. Specific lobbying issues

S. 3678, Pandemic and All Hazards Preparedness Act, trauma systems inclusion

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

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Marcia	Mabee		

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

[Empty box for foreign entity interest]

0000020065

Printed Name and Title **Marcia Mabee, President**

