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LOBBYING REPORT

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

1. Registrant Name D. Jeffrey Hirschberg			
2. Address <input type="checkbox"/> Check if different than previously reported 5804 Madaket Road			
3. Principal Place of Business (if different from line 2) Bethesda MD 20816 City: State/zip (or Country)			
4. Contact Name D. Jeffrey Hirschberg	Telephone (301) 229-6760	E-mail (optional) djeffn@aol.com	5. Senate ID # 745125-7
7. Client Name <input type="checkbox"/> Self Transscan Medical, Inc.			6. House ID #

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-I

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 06/30/03

11. No Lobb

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</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 checked="" type="checkbox"/> ⇨ \$ <u>30,000</u> 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature 

Date 01/23/04

Printed Name and Title *JH*

D. Jeffrey Hirschberg, President

LD-2 (REV. 4/03)

PAGE 1

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Registrant Name D. Jeffrey Hirschberg Client Name Transscan Medical, Inc.

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

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

16. Specific lobbying issues

[Empty box for specific lobbying issues]

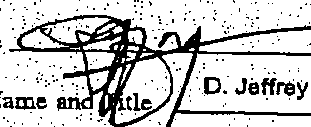
17. House(s) of Congress and Federal agencies contacted Check if None

[Empty box for House(s) of Congress and Federal agencies contacted]

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

Name	Covered Official Position (if applicable)

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

Signature  Date 01/23/04
Printed Name and Title D. Jeffrey Hirschberg, President

Registrant Name D. Jeffrey Hirschberg Client Name Transscan Medical, Inc

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 cl

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 (city and state or

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

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

Signature _____ Date _____

Printed Name and Title _____

