

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 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. Registrant Name <i>Timothy Bell + Company</i>	
2. Address <input type="checkbox"/> Check if different than previously reported <i>11479 Waterview; S. 200</i>	
3. Principal Place of Business (if different from line 2) City: <i>Reston</i> State/Zip (or Country) <i>VA 20190</i>	
4. Contact Name <i>Marcia Mabee</i>	Telephone <i>703-709-3001</i>
7. Client Name <input type="checkbox"/> Self <i>Council of State + Territorial Epidemiologists</i>	5. Senate ID # <i>5825-4</i>  6. House ID # <i>328004</i>

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

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

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____ 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><b>13. Organizations</b></p> <p>EXPENSES 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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> 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 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Martha S. Mabee

Printed Name and Title Martha S. Mabee, President

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Registrant Name Timothy Bell Co. Client Name Council of State + Territorial

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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 BUD (one per page)

16. Specific lobbying issues

*Fy 2004 Labor - HHS - Fed Appropriation bills - health prof.  
S. 1356, H.R. 2660, H.R. 2673*

17. House(s) of Congress and Federal agencies contacted  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)
<i>Navia Mabree</i>	

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

Signature *Navia Mabree*

*1/10/04*

Printed Name and Title

Marcia S. Anaboe, President

Date

7/11/01

27.

Registrant Name Timothy Bell & Co. Client Name Council of State & Territorial

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

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

16. Specific lobbying issues

Fy 2004 - VA-HUD Appropriations bills (ATSDR funding)

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

Check if None

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

Name	Covered Official Position (if applicable)
<u>Marcia Mabe</u>	

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

Check if None

Signature Marcia S. Mabe

00000443205

Date 1/19/04

Printed Name and Title Marcia S. Mabee