

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515  
<http://lobbyingdisclosure.house.gov>

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510  
<http://www.senate.gov/lobby>

# LOBBYING REPORT

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

|                                                                                                                                                                 |                                          |                                            |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|---------------------------------------|
| <b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual<br>FABIANI & COMPANY |                                          |                                            |                                       |
| <b>2. Address</b><br>Address1 1101 PENNSYLVANIA AVE, NW Address2 SUITE 700<br>City WASHINGTON State DC Zip Code 20004 Country USA                               |                                          |                                            |                                       |
| <b>3. Principal place of business (if different than line 2)</b><br>City _____ State _____ Zip Code _____ Country _____                                         |                                          |                                            |                                       |
| <b>4a. Contact Name</b><br>Mr. Gary Martin                                                                                                                      | <b>b. Telephone Number</b><br>2027564538 | <b>c. E-mail</b><br>gmartin@fabiani-co.com | <b>5. Senate ID#</b><br>72576-1005445 |
| <b>7. Client Name</b> <input type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality<br>Medicago Inc. |                                          |                                            | <b>6. House ID#</b><br>359320148      |

## TYPE OF REPORT

8. Year 2010 Q1 (1/1 - 3/31) ☒ Q2 (4/1 - 6/30) ☐ Q3 (7/1 - 9/30) ☐ Q4 (10/1 - 12/31) ☐

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 Issue Activity ☐

## INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

| 12. Lobbying                                                                                                                                                                                                                   | 13. Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:                                                                                                                                                   | <b>EXPENSE</b> relating to lobbying activities for this reporting period were:                                                                                                                                                                                                                                                                                                                                                                     |
| Less than \$5,000 <input type="checkbox"/>                                                                                                                                                                                     | Less than \$5,000 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                         |
| \$5,000 or more <input checked="" type="checkbox"/> \$ 20,000.00                                                                                                                                                               | \$5,000 or more <input type="checkbox"/> \$ _____                                                                                                                                                                                                                                                                                                                                                                                                  |
| Provide a good faith estimate, rounded to the nearest \$10,000, 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). | <b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options.<br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature Digitally Signed By: Gary Martin, CFO

Date 04/21/2010

**LOBBYING 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. Add additional page(s) as needed.

15. General issue area code DEF

16. Specific lobbying issues

Funding to advance technology to support public health preparedness applications.

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

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE, Defense - Dept of (DOD)

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

| First Name | Last Name | Suffix | Covered Official Position (if applicable) | New                      |
|------------|-----------|--------|-------------------------------------------|--------------------------|
| Wendy      | Shelton   |        |                                           | <input type="checkbox"/> |

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

**LOBBYING 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. Add additional page(s) as needed.

15. General issue area code HCR

16. Specific lobbying issues

Funding to advance technology to support public health preparedness applications.

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

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE, Health & Human Services - Dept of (HHS)

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

| First Name | Last Name | Suffix | Covered Official Position (if applicable) | New                      |
|------------|-----------|--------|-------------------------------------------|--------------------------|
| Wendy      | Shelton   |        |                                           | <input type="checkbox"/> |

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

### Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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 client

| First Name | Last Name | Suffix | First Name | Last Name | Suffix |
|------------|-----------|--------|------------|-----------|--------|
| 1          |           |        | 3          |           |        |
| 2          |           |        | 4          |           |        |

### ISSUE UPDATE

24. General lobbying issue that no longer pertains

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

### AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Internet Address:

| Name | Address        |                |         |         | Principal Place of Business<br>(city and state or country) |
|------|----------------|----------------|---------|---------|------------------------------------------------------------|
|      | Street Address |                | Zip     | Country |                                                            |
|      | City           | State/Province |         |         |                                                            |
|      | City           | State          | Country |         |                                                            |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities:

| Name | Address        |                |         | Principal place of business<br>(city and state or country) | Amount of<br>contribution for<br>lobbying activities | Ownership<br>percentage<br>in client |
|------|----------------|----------------|---------|------------------------------------------------------------|------------------------------------------------------|--------------------------------------|
|      | Street Address |                |         |                                                            |                                                      |                                      |
|      | City           | State/Province | Country |                                                            |                                                      |                                      |
|      |                |                |         | City<br>State<br>Country                                   |                                                      | %                                    |

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

1

3

5

2

4

6