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## LOBBYING REPORT

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

1. Registrant Name Terry D. Bevels Consultant			
2. Address <input type="checkbox"/> Check if different than previously reported 1317 F Street, NW, Suite 400, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Terry D. Bevels	Telephone (202) 737-5110	E-mail (optional) tbevels@aol.com	5. Senate ID # 44333-51
7. Client Name <input type="checkbox"/> Self Josiah Diabetes Center	6. House ID # 34114083		

### TYPE OF REPORT

8. Year 2000, Midyear (January 1-June 30)  OR 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<b>12. Lobbying Firms</b> <b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>20,000.00</u> Income (nearest \$20,000)  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).	<b>13. Organizations</b> <b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instruction for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code.

Signature Terry D. Bevels

Printed Name and Title Terry D. Bevels

LD-2 (Rev. 6/98)

Page 1 of 3

Registrant Name Terry D. Bevels Consultant Client Name Joslin Diabetes Center

**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. Attach addition page(s) as needed.

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

16. Specific lobbying issues

Seek to include funding for health care education and improvements in the area of diabetes detection, care and prevention in the following FY 2001 Appropriation bills:

Defense; Agriculture; VA/HUD; and Interior

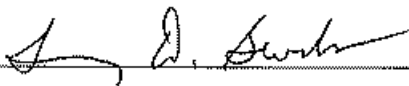
17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. House of Representatives  
U.S. Senate  
Department of Defense  
Department of Agriculture

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

Name	Covered Official Position (if applicable)	New
Terry Bevels		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 1-29-01

Printed Name and Title Terry D. Bevels

**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 client

**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 Business (City and state or country)

26. Name of each previously reported organizations 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	Ownership Percentage in Client

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

Signature  Date 1-29-01

Printed Name and Title Terry D. Bevels