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SECRETARY OF THE SENATE

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 12/1/2005

2. House Identification Number 31110 Senate Identification Number 31680

REGISTRANT

3. Registrant name Organization PodestaMattoon, Inc.

Address 1001 G Street, NW Suite 900 East

City Washington State DC Zip 20001 USA

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____

5. Telephone number and contact name

202-393-1010 Prefix _____ Full Name Contact Mrs. Kimberley Fritts E-mail fritts@podestamattoon.com

6. General description of registrant's business or activities

Public Policy, Government Relations and Public Affairs Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name Downtown Hospital

Address 170 William Street

City New York State NY Zip 10038 Country USA

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities

Hospital

LOBBYISTS

Go to page 3 to add more to

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name Last	Suffix	Covered Official Position (if applicable)
Teal	Baker		
Jonathan	Mantz		
Anthony	Podesta		

000171521

Registrant Name PodestaMattoon, Inc.

Client Name Downtown Hospital

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyin

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

BUD

12. Specific lobbying issues (current and anticipated)

Labor - HHS Appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

Go to page 3 to add more organ

No ⇒ Go to line 14.

Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

Go to page 3 to add more foreign

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration.

Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date i registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow per in
	Street Address	State/Province	Country			

Form Cor

Printed Name and Title Kimberley Fritts - Managing Partner

0000171522

Terri Gbade

From: Kimberley Fritts
Sent: Tuesday, February 14, 2006 12:12 PM
To: Jeffrey Cordeau
Subject: Fw: E-Filing Confirmation Successful

SECRETARY OF THE SENATE
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-----Original Message-----

From: e-filing@mail.house.gov <e-filing@mail.house.gov>
To: Kimberley Fritts <fritts@podestamattoon.com>
Sent: Tue Feb 14 09:48:39 2006
Subject: E-Filing Confirmation Successful

<<http://ldcam.house.gov/USHLDE-File/USHLNet/mainimage.gif>>

Office of the Clerk
U.S. House of Representatives

Lobbying Disclosure Electronic Filing
Submission Status: Successful

House ID: 31110204
Client Name: DOWNTOWN HOSPITAL
Signature Check: Your Digital Signature Is Valid Document Integrity Check: Passed I
Integration: Successful
Date: Tuesday, 14 February 2006 09:48

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