

01 FEB 13 PM 12:43

LOBBYING REPORT

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

1. Registrant Name Appia Group LLC			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 209 Pennsylvania Ave SE Suite 1900 Washington DC 20003			
3. Principal Place of Business (if different from line 2) City: New York State/Zip (or Country) NY 10022			
4. Contact Name DAVID Filippelli	Telephone 212-688-8599	E-mail (optional)	5. Senate ID # 56337-12
7. Client Name <input type="checkbox"/> Self We Media			6. House ID # 35172000

TYPE OF REPORT 8. Year _____ 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 **12/1/00** 11. No Lobbying Activity

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 40,000 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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *Sara Pinto*
Printed Name and Title **Sara Pinto COO**

Registrant Name Oppia Group Client Name We Media

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 additional page(s) as needed.

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

16. Specific lobbying issues

all issues related to the disability community

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

Check if None

*U.S. House of Representatives
U.S. Senate
Social Security Administration
U.S. Dept of Education
National Council on Disability*

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

Name	Covered Official Position (if applicable)	Yes
<i>David Filippelli</i>		<input type="checkbox"/>
		<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 listed on line 16 above

Check if None

Signature *Sara Pinto* Date 2/12/01
Printed Name and Title Sara Pinto COO

Registrant Name Appia Group Client Name We Media

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 additional page(s) as needed.

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

16. Specific lobbying issues
all issues related to the disability community

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. House of Representatives
U.S. Senate
Dept. of Education
Social Security Administration
National Council on Disability

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

Name	Covered Official Position (if applicable)	Next
<u>David Filippelli</u>		<input type="checkbox"/>
		<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 listed on line 16 above Check if None

Signature Sara Pinto Date 2/12/01
Printed Name and Title Sara Pinto COO

Registrant Name Appia Group Client Name We Media

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 additional page(s) as needed.

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

16. Specific lobbying issues

All issues related to the disability community

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

Check if None

U.S. House of Representatives
U.S. Senate
Dept. of Education
Social Security Administration
National Council on Disability

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

Name	Covered Official Position (if applicable)	New
David Filippelli		<input type="checkbox"/>
		<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 listed on line 16 above

Check if None

Signature [Signature] Date 2/12/01
Printed Name and Title Sara Pinto COO