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LOBBYING REPORT

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

1. Registrant Name Holland & Knight LLP	
2. Address <input type="checkbox"/> Check if different than previously reported 2106 Pennsylvania Avenue, N.W., Suite 400	
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country): D.C. 20037	
4. Contact Name Keith Lind	Telephone 202 955-3000
E-mail (optional)	
5. Senate ID # 18466-936	6. House ID # 30825-081
7. Client Name <input type="checkbox"/> Self United Seniors For Access to Mental Healthcare	

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

12. Lobbying Firms	13. Organization
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.	
<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only	
<input 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 _____

Printed Name and Title Keith Lind, Counsel _____

Page 1 of 2

Registrant Name: Holland & Knight LLP Client Name: United Seniors For Access to Mental Healthcare

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 MMM (one per page)

16. Specific lobbying issues
Medicare

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

U.S. Senate
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)	New
Keith Lind		<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 Keith Lind Date 8-14-00

Printed Name and Title Keith Lind, Counsel

WAS1 #862325 v1