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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One: New Registrant New Client for Existing Registrant Amendment

1. Effective Date of Registration 2001

2. House Identification 311100123

Senate Identification 31680-1

REGISTRANT Organization Individual

3. Registrant Organization PODESTA GROUP, INC. (FORMERLY, PODESTAMATTOON, INC.)

Address 1001 G STREET, NW

Address2 SUITE 900 EAST

City WASHINGTON

State DC Zip 20001 - Coun

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

City _____

State _____ Zip _____ - Coun

5. Contact name and telephone number

International Number

Contact Ms. KIMBERLEY FRITTS

Telephone (202) 393-1010

E-mail LOBBYING@PODESTA.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 labeled "Self" and proceed to line 10. Self

7. Client name Reed Elsevier

Address 1150 18th Street, NW

City Washington

State DC Zip 20036 - Coun

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

City _____

State _____ Zip _____ - Coun

9. General description of client's business or activities

Publishing

LOBBYISTS

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Anthony	Podesta		
Claudia	James		
Kimberley	Fritts		
Seth	Nichols		

LOBBYING ISSUES

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

CPT HCR GOV CSP BUD

12. Specific lobbying issues (current and anticipated)

Privacy and high tech issues

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?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address			Principal Place of Busin
	Street	State/Province	Zip Code	Country
	City			City
				State
				Country
				City
				State
				Country
				City
				State
				Country

FOREIGN ENTITIES

14. Is there any foreign entity

- 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 matchi the criteria above, then sign the registration.

Name	Address			Principal place of business	Amount of contribution
	Street	State/Province	Country	(city and state or country)	for lobbying activities
	City				
Reed Elsevier PLC	1-3 Strand London, WC2N			City	\$0.00
	5JR England		GBR	State	Country
				City	
				State	Country

Signature

Date

2/

Printed Name and Title Kimberly Fritts, CEO

000050082



ADDITIONAL LOBBYISTS

10. Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Teal	Baker		

ADDITIONAL LOBBYING ISSUES

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

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?

Name	Address			Principal Place of Business
	Street City	State/Province	Zip Code Country	
				City
				State Country
				City
				State Country
				City
				State Country

ADDITIONAL FOREIGN ENTITIES

14. Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

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