

SECRETARY OF THE SENATE
 99 NOV -9 PM 4: 51
 H. O.

LOBBYING REGISTRATION
 Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 10-15-99
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name ROLLAND & KNIGHT LLP
 Address 2100 Pennsylvania Avenue, NW Suite 400
 City Washington State DC Zip 20037
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name
(202) 955-3000 Contact Keith D. Lind E-mail (optional) _____
 6. General description of registrant's business or activities
Law 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 United Seniors for Access to Mental Healthcare, Inc.
 Address 115 Golf Lane, P.O. Box 1107
 City Ridgefield State CT Zip 06877
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Mental Health Coalition

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 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.

Name	Covered Official Position (if applicable)
<u>Keith D. Lind</u>	
<u>Jack M. Burkman</u>	

LOBBYING ISSUES

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

MMM

12. Specific lobbying issues (current and anticipated)

Medicare Reimbursement for mental health providers

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 matching the 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:

- 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 activities of 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 the 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 the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature *Keith Lind* Date 11/8/99

Printed Name and Title Keith D. Lind, Senior Counsel