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LOBBYING REPORT

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

| | | | |
|--|------------------------------------|--|----------------------------------|
| 1. Registrant Name Barnett & Sivon, P.C. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 2000 M Street, N.W., Suite 740 | | | |
| 3. Principal Place of Business (if different from line 2) City: Washington, D.C. State/Zip (or Country) 20036 | | | |
| 4. Contact Name James C. Sivon | Telephone (202) 463-6040 | E-mail (optional) jsivon@barnett-sivon.com | 5. Senate ID # 5448-48 |
| 7. Client Name <input type="checkbox"/> Self Financial Services Roundtable | | | 6. House ID # 30211003 |

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 | |
| <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"/> ⇨ \$ <u>20,000</u> <small>Income (nearest \$20,000)</small></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"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></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 checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p> |

Signature _____

Printed Name and Title **James C. Sivon, Vice President and Secretary**

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.

BAN

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

16. Specific lobbying issues

Amendment to Section 103(a) of the Gramm-Leach-Bliley Act (Cross-marketing)

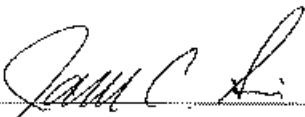
17. House(s) of Congress and Federal agencies contacted Check if None

**House of Representatives
Senate**

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

| Name | Covered Official Position (if applicable) | New |
|----------------|---|--------------------------|
| James C. Sivon | Vice President (Attorney) | <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  Date 2/13/01
 Printed Name and Title James C. Sivon, Vice President and Secretary

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.

FIN

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

16. Specific lobbying issues

Medical Financial Privacy Protection Act (H.R. 4585) (All Provisions)

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

**House of Representatives
Senate**

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

| Name | Covered Official Position (if applicable) | New |
|----------------|---|--------------------------|
| James C. Sivon | Vice President (Attorney) | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
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| | | <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:  Date: 2/13/01
 Printed Name and Title: James C. Sivon, Vice President and Secretary

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.

HOU

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

16. Specific lobbying issues

**Housing Finance Regulatory Improvement Act (H.R. 3703) (All Provisions)
Mortgage Partnership Finance Program**

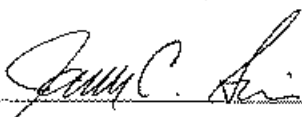
17. House(s) of Congress and Federal agencies contacted Check if None

**House of Representatives
Senate**

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

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|----------------|---|--------------------------|
| James C. Sivon | Vice President (Attorney) | <input type="checkbox"/> |
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| | | <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  Date 2/13/01
 Printed Name and Title James C. Sivon, Vice President and Secretary