

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
01 FEB 14 PM 5:57

LOBBYING REPORT

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

1. Registrant Name podesta.com			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1001 G Street, NW Suite 900 East City Washington State/Zip (or Country) DC 20001			
3. Principal Place of Business (if different from line 2) City State/Zip (or Country)			
4. Contact Name Tom Bianchetti	Telephone 393-1010	E-mail (optional) bianchetti@podesta.com	5. Senate ID # 31680-912
7. Client Name <input type="checkbox"/> Self National Depressive & Manic Depressive Association	6. House ID # 31110-088		

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>\$20,000.00</u> 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(c) of the Internal Revenue Code</p>

Signature _____ Date 2/14/2001
Printed Name and Title Kristin Leary - Associate Page 1 of 3

Registrant Name: podesta.com

Client Name: National Depressive & Manic Depressive Association

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

**H.R.2990, To amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related...
S.2274, Family Opportunity Act of 2000,
S.2639, Mental Health Early Intervention, Treatment, and Prevention Act of 2000,
S.796, Mental Health Equitable Treatment Act of 1999,
Patients Bill of Rights; Insurance parity for mental health treatment; Medical Privacy; standards in psychiatric treatment facilities.**

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

Check if None

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

Name	Covered Official Position (if applicable)	New
Butler, Judith		No
Gelman, Matt	Floor Assistant to Rep. Bonior	Yes
Leary, Kristin		Yes

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date 2/14/2001

Printed Name and Title Kristin Leary - Associate Page 2 of 3

Registrant Name: podesta.com

Client Name: National Depressive & Manic Depressive Association

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client
Butler, Judith

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership % in client

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client, or affiliated organization

Signature  Date 2/14/2001

Printed Name and Title Kristin Leary - Associate Page 3 of 3