

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

SECRETARY OF THE SENATE

01 FEB 14 PM 1:54

LOBBYING REPORT

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

1. Registrant Name NAMI			
2. Address <input type="checkbox"/> Check if different than previously reported Colonial Place Three, 2107 Wilson Blvd, Suite 300			
3. Principal Place of Business (if different from line 2) City: Arlington State/Zip (or Country) VA 22201			
4. Contact Name Paul Murray	Telephone 703-524-7600	E-mail (optional) Paul@nami.org	5. Senate ID # 26502-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 32550000		

TYPE OF REPORT 8. Year _____ 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. Organizations
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 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 checked="" type="checkbox"/> ⇒ \$ <u>100,000</u> Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input 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(e) of the Internal Revenue Code

Signature _____

Printed Name and Title **Paul Murray, Finance Director**

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PAGE 1 of _____

Registrant Name NAMI Client Name SELF

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

Confidentiality and Privacy of Medical Records
SAMHSA Reauthorization, Childrens Health Act
Patient Freedom from Restraints [S. 736, S. 750, HR 1313, HR 3010]
Managed Care Patient Bill of Rights [S. 326, S. 6, H.R. 358, HR 2723]
Mental Illness Parity [S. 796, HR 1515] HR 2990
Mental Health Early Intervention, Treatment, Prevention Act [S. 263]

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

U.S. House
U.S. Senate.

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

Name	Covered Official Position (if applicable)	New
<u>Andrew Spering</u>		<input type="checkbox"/>
<u>Kim Encarnation</u>		<input type="checkbox"/>
<u>Chris Marshall</u>		<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 2/14/01

Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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 BUD (one per page)

16. Specific lobbying issues
FY2001 Labor, HHS Appropriations [HR 4577]
FY2001 VA-HUD, Independent Agencies Appropriations [HR 4635]

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

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

Name	Covered Official Position (if applicable)	New
<u>Andrew Sperling</u>		<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 2/14/01
Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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 LAW (one per page)

16. Specific lobbying issues
Mental Health Courts [S. 1865, HR 2594]

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

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

Name	Covered Official Position (if applicable)	
<u>Ron Honberg</u>		<input type="checkbox"/>
<u>Andrew Sperling</u>		<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 2/14/01
Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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 VET (one per page)

16. Specific lobbying issues

Formulary Issues
Ethics in Research
FY 2001, VA-Hud, Independent Agencies Appropriations
[HR 4635]

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

U.S. House
U.S. Senate
Dept. of Veterans Affairs

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

Name	Covered Official Position (if applicable)	New
<u>Andrew Sperling</u>		<input type="checkbox"/>
<u>Kim Encarnation</u>		<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 2/14/01

Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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 HOU (one per page)

16. Specific lobbying issues
VA, HUD Appropriations FY 2001 [HR 4635]
Elderly & Disabled Housing Authorization [HR 5640, S. 2732, HR 202]
American Home Ownership + Economic Opportunity Act [H.R. 1776]

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

U.S. House
U.S. Senate
U.S. Dept. of Housing + Urban Development

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

Name	Covered Official Position (if applicable)	New
<u>Andrew Sperling</u>		<input type="checkbox"/>
		<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 2/14/01
Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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 Partial Hospitalization
Medicare Prescription Benefit [S. 2541, S. 2758, HR 4680]
Family Opportunity Act [HR 4825, S. 2274]
Medicaid MH Intensive Services Act [HR 5572]

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

U.S House
U.S Senate

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

Name	Covered Official Position (if applicable)	New
<u>Andrew Sperling</u>		<input type="checkbox"/>
<u>Kim Encarnation</u>		<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 2/14/01

Printed Name and Title PAUL MURRAY

Registrant Name NAMI Client Name Self

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

Robert Bohlman
E. Clarke Ross
Laura Lee Hall

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 percentage 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 2/14/01

Printed Name and Title Paul Murray, Finance Director

Form LD-2 (Rev. 6/98)

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