

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
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## LOBBYING REPORT

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

1. Registrant Name <u>Motorcycle Riders Foundation</u>		
2. Address <input type="checkbox"/> Check if different than previously reported <u>P.O. Box 1808</u>		
3. Principal Place of Business (if different from line 2) City: <u>Washington DC</u> State/Zip (or Country) <u>20013</u>		
4. Contact Name <u>BEVERLY WATERS</u>	Telephone <u>202-546-0983</u>	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self		5. Senate ID # <u>26048</u>
		6. House ID # <u>31988</u>

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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 type="checkbox"/> ⇒ \$ _____ 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><b>13. Organizations</b></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 checked="" type="checkbox"/> ⇒ \$ <u>120,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Beverly Waters

Printed Name and Title BEVERLY WATERS, Office Mgr

LD-2 (REV. 6/98)

Registrant Name Motorcycle Riders Foundation Client Name Self

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues  
1) Proposed regulations from EPA for motorcycles  
2) Re Authorization of TEA-21

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

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

Name	Covered Official Position (if applicable)
<u>Thomas Wyle</u>	<u>V.P. Gov't Relations</u>
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.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Bunely Waters Date 8/13/03

Printed Name and Title BEVERLY WATERS, OFFICE MAN

Form LD-2 (Rev. 6/98)

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Motorcycle  
Riders Foundation  
Registrant Name \_\_\_\_\_ Client Name Self

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code H.C.R. (one per page)

16. Specific lobbying issues

HIPAA

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

U.S. House of Representatives  
U.S. Senate  
H.H.S.

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

Name	Covered Official Position (if applicable)
<u>Thomas Wyld</u>	<u>V.P. Govt Relations</u>
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Beverly Waters Date 8/13/01

Printed Name and Title BEVERLY WATERS, Office Mg

Form LD-2 (Rev. 6/98)

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