

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

LOBBYING REPORT

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

1. Registrant Name National Marrow Donor Program			
2. Address <input type="checkbox"/> Check if different than previously reported		3001 Broadway St. N.E. Suite 500 Minneapolis, MN 55413	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Mary Frey	Telephone (612) 362-3404	E-mail (optional) mfrey@nmdp.org	5. Senate ID 28184-1
7. Client Name <input checked="" type="checkbox"/> Self National Marrow Donor Program			6. House ID 3211600

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ **OR** Year End (July 1-De

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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div> 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.)	EXPENSES relating to lobbying activities for this period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>200,000</u> <div style="text-align: center;">Expenses (nearest</div> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Signature _____

Printed Name and Title: _____

LD-2 (REV. 6/98)

F

Registrant Name National Marrow Donor Program Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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 BUD (one per page)

16. Specific lobbying issues

Registrant is engaged in efforts to ensure the National Marrow Donor Registry, a federally mandated program, stable funding support such that appropriation allocated for fiscal year 2004 is at least as much as for the previous year. Efforts have been undertaken to secure Congressional approval of this level of funding within the FY 2004 HHS and Education Appropriations bill.

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

In furtherance of the objective described in question 16 above, registrant engaged in activities directed toward the House and Senate Appropriations Committees.

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

Name	Covered Official Position (if applicable)
Isaac Fordjour NMDP Eastern Regional Office 7910 Woodmont Avenue Suite 1103 Bethesda, MD 20814	Legislative & Policy Analyst

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

Signature  Date 7-11

Printed Name and Title _____

 **Jeffrey W. Chell, M.D.**
Chief Executive Officer

Form LD-2 (Rev.6/98)

Pag