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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name Disability Rights Education and Defense Fund			
2. Address <input type="checkbox"/> Check if different than previously reported 2212 Sixth Street			
3. Principal Place of Business (if different from line 2) City: Berkeley State/Zip (or Country) CA 94710			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Susan Henderson	510-644-2555	shenderson@dredf.org	123
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 336360

TYPE OF REPORT 8. Year 2004 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

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 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. 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 type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature Susan R Henderson

Printed Name and Title Susan Henderson, Managing Director

LD-2 (REV 6/98)

Disability Rights Education
Grant Name and Defense Fund Client Name Self

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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 CIV (one per page)

16. Specific lobbying issues

Individuals with Disabilities Education Act

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

Check if None

Senate

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

Name	Covered Official Position (if applicable)
Patrisha Wright	

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

Check if None

Signature

Susan R. Hill

Date

10/27/12

Signature _____ DATE 11/15/07

Printed Name and Title Susan Henderson, Managing Director

Form 1.0-2 (Rev. 0/08)