

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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SECRETARY OF THE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 3/1/2003
2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **Policy Impact Strategic Communications, Inc.**
Address **1275 Pennsylvania Avenue, N.W. Tenth Floor**
City **Washington** State **DC** Zip **20004** United States
4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____
5. Telephone number and contact name Contact E-Mail (optional)
202-661-6323 William Nixon bnixon@policyimpact.com
6. General description of registrant's business or activities
Public Relations & Government Relations

CLIENT *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10. Self*

7. Client Name **U.S. Pharmacopeia**
Address **1601 Twinbrook Parkway**
City **Rockville** State **MD** Zip **20852-1790** United States
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____
9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
William Nixon	

Registrant Name: Policy Impact Strategic Communications, Inc.

Client Name: U.S. Pharmacopeia

Item	Description	Data
9	General description of client's..	USP helps to ensure that consumers receive quality medicines by establishing state-of-the-art standards that pharmaceutical manufacturers must meet.



Registrant Name: Policy Impact Strategic Communications, Inc.

Client Name: U.S. Pharmacopeia

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

CSP, FOO, HCR, PHA

12. Specific lobbying issues (current and anticipated)

General government representation

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or major part plans, supervises, or controls the registrant's lobbying activities?

No. Go to-line 14.

Yes. Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or coun

FOREIGN ENTITIES

14. Is there any foreign entity that:

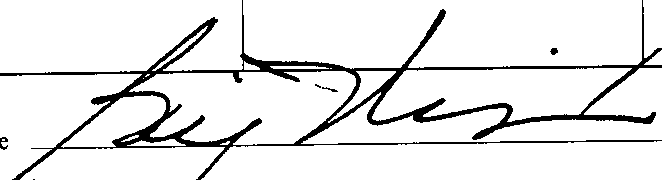
- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching criteria above, the sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contributic for lobbying activitie:

Signature



Date 3/21/2003

Printed Name and Title / **William Nixon - partner**

Form LD-1 (Rev. 06/98)

