

Clerk of the House of Representatives  
 Legislative Resource Center  
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 Washington, DC 20515

Secretary of the Senate  
 Office of Public Records  
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 Washington, DC 20510

SECRETARY OF THE SENATE  
 01 FEB 14 PM 2:49

**LOBBYING REPORT**

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

1. Registrant Name <b>CITIZENS FOR RELIABLE &amp; SAFE HIGHWAYS (CRASH)</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1628 TIBURON BLVD</b>			
3. Principal Place of Business (if different from line 2)			
City: <b>TIBURON</b>	State/Zip (or Country): <b>CA</b>	<b>94920</b>	
4. Contact Name <b>MICHAEL J. SCIAPPA</b>	Telephone <b>415 435-4994</b>	E-mail (optional)	5. Senate ID # <b>9374</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>32552000</b>

**TYPE OF REPORT** 8. Year 2000 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

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<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"/> ⇒ \$ _____  <small>Income (nearest \$20,000)</small></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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(5) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: *MJ Scippa*  
 Printed Name and Title: MICHAEL J. SCIAPPA EX. DIRECTOR

Registrant Name SCIAPPA (CAPS) 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 TRU (one per page)

16. Specific lobbying issues

COMMERCIAL DRIVERS HOURS OF SERVICE  
RULEMAKING

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

SENATE  
HOUSE OF REPRESENTATIVES  
DEPT. OF TRANSPORTATION  
ADMINISTRATION

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

Name	Covered Official Position (if applicable)	New
<u>MICHAEL J. SCIAPPA</u>	<u>EX. DIRECTOR</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 [Signature] Date 2/12/01  
Printed Name and Title MICHAEL J. SCIAPPA EX. DIRECTOR