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01 JUL 31 AM 8:00

## LOBBYING REPORT

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

|   |           |                   |                                |
|---|-----------|-------------------|--------------------------------|
| 1. Registrant Name<br><u>NATIONAL PARENT NETWORK ON DISABILITIES</u>  |           |                   |                                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>1130 17th St. NW, Suite 400, Washington DC 20036-4641</u> |           |                   |                                |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____   |           |                   |                                |
| 4. Contact Name   | Telephone | E-mail (optional) | 5. Senate ID #<br><u>28286</u> |
| 7. Client Name <input type="checkbox"/> Self  |           |                   | 6. House ID #                  |

**TYPE OF REPORT** 8. Year 2001 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

| 12. Lobbying Firms   | 13. Organizations  |
|--|--|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:<br>Less than \$10,000 <input type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Income (nearest \$20,000)               | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:<br>Less than \$10,000 <input checked="" type="checkbox"/><br>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Expenses (nearest \$)   |
| 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). | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of<br><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit<br><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code<br><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code |

Signature \_\_\_\_\_

Printed Name and Title



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**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** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

SI Elementary + Secondary Education Act  
SA604 Discipline Amendment for Individuals with Disabilities

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) |
|---------------|---|
| LINDA SHEPARD |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_



Registrant Name NPND Client Name \_\_\_\_\_

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

PATRICIA SMITH

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus<br>(city and state or cou |
|------|---------|--|
|      |         |  |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrar  
affiliated organization

Signature  Date 7-24-01

Printed Name and Title LINDA SHEPARD, EXECUTIVE DIRECTOR

Form LD-2 (Rev. 6/98)

Page 6

