

DREDF

Disability Rights Education and Defense Fund, Inc.

Law, Public Policy, Training and Technical Assistance

SECRETARY OF THE SENATE

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November 10, 2000

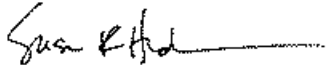
Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

Re: Lobbying Report for the period January 1, 2000 - June 30, 2000

Dear Secretary:

Enclosed is Form LD-2 (Lobbying Report) for the above-referenced period.

Very truly yours,



Susan R. Henderson
Director of Administration

Enclosure

Main Office 2212 Sixth St. • Berkeley, CA 94710 • 510. 644.2555 tel (TTY) • 510. 841.8645 fax

Government Affairs 1629 K St. NW • Suite 802 • Washington, DC 20006 • 202. 986.0375 • 202. 775.7465 fax



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 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, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 2212 Sixth Street, Berkeley, CA 94710			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Susan Henderson	Telephone 510/644-2555	E-mail (optional) shenderson@dredf.org	5. Senate ID # 12345
7. Client Name <input type="checkbox"/> Self			6. House ID # 33636000

TYPE OF REPORT 3. 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

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"/> ⇒ \$ _____ <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>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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) 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 Susan R Henderson

Printed Name and Title Susan Henderson, Director of Administration

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Disability Rights Education

Registrant Name and Defense Fund, Inc. 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 3590 - Bill to amend Title II of the Americans with Disabilities Act

HR 815 - The American Community Renewal Act

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

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

Name	Covered Official Position (if applicable)	New
Patrisha Wright		<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 Susan R. Henderson Date 11/1/00

Printed Name and Title Susan R. Henderson, Director of Administration

Form LD-2 (Rev. 10/98)

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Disability Rights Education and
 Registrant Name Defense Fund, Inc. 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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

S 2812 Waiver of Oath of Renunciation and Allegiance for Naturalization of Aliens having certain 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)	New
Patrisha Wright		<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 *Susan R. Henderson* Date 11/1/00

Printed Name and Title Susan R. Henderson, Director of Administration

Form LDD (Rev. 6-99)

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