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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 12/22/2003
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 State
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 be labeled "Self" and proceed to line 10.* Self

7. Client Name **Pacific Institute for Research and Evaluation**
Address **11710 Beltsville Drive Suite 300**
City **Calverton** State **MD** Zip **20705** USA
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: Pacific Institute for Research and Evaluation

| Item | Description | Data |
|------|------------------------------------|--|
| 9 | General description of client's... | Non-profit institute engaged in research and evaluation of health, transportation and other critical issues with a view toward the development of effective solutions, policies and programs |

Registrant Name: Policy Impact Strategic Communications, Inc.

Client Name: Pacific Institute for Research and Evaluation

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.

ALC, BEV, BUD, HCR, LAW, MED, ROD, SCI, TAX, TRA

12. Specific lobbying issues (current and anticipated)

To develop and enact policies aimed at combating underage drinking

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 the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|---|
| | | |

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 the criteria above, the sign and date the registration.

| Name | Address | Principal Place of Business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|---|--|
| | | | |

Signature 

Date 2/5/2004

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

Form LD-1 (Rev. 06/98)

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