

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
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LOBBYING REPORT

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

1. Registrant Name Drug Policy Alliance			
2. Address <input type="checkbox"/> Check if different than previously reported 925 15th St., NW 2nd Floor			
3. Principal Place of Business (if different from line 2) Washington DC 20005 City: State/zip (or Country)			
4. Contact Name Bill Piper	Telephone (202) 216-0035	E-mail (optional) bpiper@drugpolicy.org	5. Senate ID # 68651-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 35744000

TYPE OF REPORT 8. Year 2004 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

<p align="center">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"/> ⇔ \$ _____ Income (nearest \$20,000)</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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>\$20,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of o</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Date 8/16/04

Printed Name and Title BYE PIPEL DIRECTOR OF NATIONAL

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Drug Policy Alliance Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

ONDCP Reauthorization (HR2086/S1860)
Department of Justice Reauthorization (HR3036)/ Byrne Grant proposals
Commerce, Justice, State Reauthorization/medical marijuana amendment
CLEAN-UP Act (HR 834)

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

Members of the House of Representatives
Members of the Senate

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

Name	Covered Official Position (if applicable)
Bill Piper	
Caren Woodson	

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

Signature

[Handwritten Signature]

Date

8/16/01

Printed Name and Title

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Registrant Name Drug Policy Alliance Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

Labor-HHS-Education Appropriations and Reauthorization (Student Drug Testing)
Higher Education Act (drug conviction provision)

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

Members of the House of Representatives
Members of the Senate

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

Name	Covered Official Position (if applicable)
Bill Piper	
Caren Woodson	

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

Signature

BW Piper

Date

8/16/04

Registrant Name Drug Policy Alliance Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Transportation Reauthorization (Driving Under the Influence of Drugs proposal)

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

Members of the House of Representatives
Members of the Senate

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

Name	Covered Official Position (if applicable)
Bill Piper	
Caren Woodson	

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

Signature

Bill Piper

Date

8/16/04

Printed Name and Title _____

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Registrant Name Drug Policy Alliance 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

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 Bu (city and state or co

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 (city and state or country)	Amount of contribution for lobbying activities

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

Signature

[Handwritten Signature]

Date

8/18/09

Printed Name and Title _____

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