

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name DRUG POLICY ALLIANCE (b) Daytime Phone Number 202-683-2984
(c) Permanent Address 925 15TH ST NW 2ND FLR WASHINGTON DC 20005
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address GSMITH@DRUGPOLICY.ORG

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

- (a) Name GRANT SMITH (b) Name BILL PIPER
Address 925 15TH ST NW 2ND FLR Address 925 15TH ST NW 2ND FLR
(Street Address) (Street Address)
WASHINGTON DC 20005 WASHINGTON D.C. 20005
(City, State, Zip Code) (City, State, Zip Code)

- Daytime Phone Number 202-683-2984 Daytime Phone Number 202-683-2985
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

- (a) Name SAME AS QUESTION 1 (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business NON-PROFIT ADVOCACY

4. Terms of Compensation: (a) NOT APPLICABLE (b) NON-APPLICABLE
(Salary) (Duration of Employment)

If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

LEGISLATION TO DECRIMINALIZE DRUGS; LEGISLATION REGARDING DRUG TREATMENT AND REHABILITATION

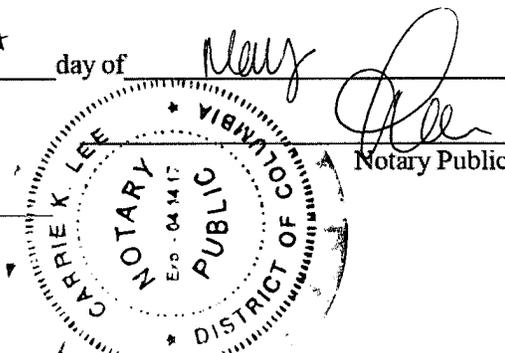
I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

[Signature]
Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 21st day of May, 2013.

My Commission Expires: April 14, 2017



CARRIE K. LEE
District of Columbia Notary Public
My Commission Expires April 14, 2017