

Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

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

SECRETARY OF THE SENATE

01 FEB 14 PM 2:47

LOBBYING REPORT

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

1. Registrant Name ABRAHAM SCHWEIER & ASSOCIATES	
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 5765-F BURKE CENTRE PARKWAY #347, BURKE, VA 22015	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____	
4. Contact Name ABRAHAM SCHWEIER	5. Senate ID #
Telephone 202-922-0604	
Email (optional)	
7. Client Name <input type="checkbox"/> Self NATIONAL FEDERATION OF INDEPENDENT BUSINESS	6. House ID # 31961003

TYPE OF REPORT 5. 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 checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> <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 type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name ABRAHAM SCHNEIDER Client Name NATIONAL FEDERATION OF IND. BUS.

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 TAX (one per page)

16. Specific lobbying issues

ACCOUNTING METHODS
GENERAL TAX
IT'S

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

U.S. SENATE
HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)	New
<u>ABRAHAM SCHNEIDER</u>		<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 _____ Date _____

Printed Name and Title _____

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
JAMES D. McREEDITT

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 Business (city and state or country)

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	Ownership percentage in client

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

Signature Abraham Schweier Date 2/13/01
 Printed Name and Title ABRAHAM SCHWEIER