

RECEIVED
 SECRETARY OF THE SENATE
 PUBLIC RECORDS

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Form: 12

1. Registrant Name <u>Carl E. Schmid II</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1602B Belmont St. NW Washington DC 20009</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Carl Schmid</u>	Telephone <u>202/462-3042</u>	E-mail (optional) <u>carlschmid@aol.com</u>	5. Senate ID # <u>51742-12</u>
7. Client Name <input type="checkbox"/> Self <u>AIDS Action Council</u>			6. House ID # <u>34829000</u>

TYPE OF REPORT 8. 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 checked="" 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 checked="" 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 type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature _____

Printed Name and Title Carl E. Schmid II, Gov't Affairs Consultant

Registrant Name Carl E. Schmidt II Client Name AIDS Action Council

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 DOC (one per page)

16. Specific lobbying issues

needle exchange program for the District of Columbia

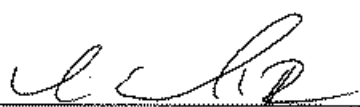
17. House(s) of Congress and Federal agencies contacted Check if None

House + Senate + White House

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

Name	Covered Official Position (if applicable)	New
<u>Carl Schmidt</u>	<u>Consultant</u>	<input type="checkbox"/>
<u>Julio Abreau</u>	<u>Washington Representative</u>	<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 8/10/00
Printed Name and Title Carl E. Schmidt II, Govt Affairs Consultant

Registrant Name Carl E. Schmid II Client Name AIDS Action Council

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 BUD (one per page)

16. Specific lobbying issues

needle exchange program for DC

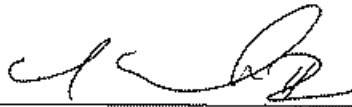
17. House(s) of Congress and Federal agencies contacted Check if None

House, Senate + White House

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

Name	Covered Official Position (if applicable)	New
<i>Carl Schmid</i>	<i>Consultant</i>	<input type="checkbox"/>
<i>Julio Abreau</i>	<i>Wash Rep.</i>	<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 8/10/00

Printed Name and Title Carl E. Schmid II Govt Affairs Consultant

Registrant Name Carl E. Schmid II Client Name AIDS Action Council

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: HCA (one per page)

16. Specific lobbying issues

needle exchange for DC

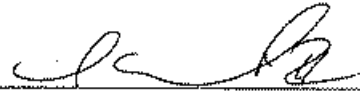
17. House(s) of Congress and Federal agencies contacted Check if None

House, Senate + White House

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

Name	Covered Official Position (if applicable)	New
<u>Carl Schmid</u>	<u>consultant</u>	<input type="checkbox"/>
<u>Julio Abreau</u>	<u>Wash Rep</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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