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LOBBYING REPORT

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

| | | | |
|--|-----------------------------------|-------------------|-----------------------------------|
| 1. Registrant Name <u>Carl E. Schmid II</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>1602B Belmont Street 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) | 5. Senate ID # <u>51742-12</u> |
| 7. Client Name <input type="checkbox"/> Self | 6. House ID # <u>384829000</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 | |
|--|--|
| 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u> Income (nearest \$20,000) | 13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) |
| 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code | |

Signature _____

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

Registrant Name Carl E. Schmid II Client Name AIDS Action

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 DDC (one per page)
(DOC)

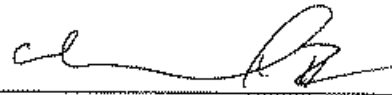
16. Specific lobbying issues
Needle Exchange Program for the District of Columbia

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

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> | | <input type="checkbox"/> |
| <u>Julio Abrucea</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 2/12/01
Printed Name and Title Carl E. Schmid II Govt Affairs Consultant

Registrant Name Carl E. Schmid II Client Name AIDS Action

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 the District of Columbia


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

House of Representatives
Senate

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> | | <input type="checkbox"/> |
| <u>Julio Abreau</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 2/12/01
Printed Name and Title Carl E. Schmid II Govt Affairs Cons - /KAT

Registrant Name Carl E. Schmidt Client Name AIDS Action

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: HCR (one per page)

16. Specific lobbying issues

Needle Exchange Program for the District of Columbia

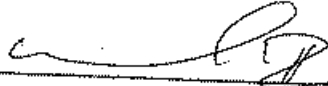
17. House(s) of Congress and Federal agencies contacted Check if None

House of Reps
US Senate

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> | | <input type="checkbox"/> |
| <u>Julio Abreau</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 2/12/01
Printed Name and Title Carl E. Schmidt Govt Affairs Consultant