

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

SECRETARY OF
07 FEB 26 P.

LOBBYING REPORT

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

| | | | |
|---|----------------------------------|-------------------|-----------------------------------|
| 1. Registrant Name <u>CARMAN CONSULTING</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>1105 North Pitt St, 2B Alexandria, VA 22314</u> | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name <u>KRISTA CARMAN</u> | Telephone <u>202/624-5471</u> | E-mail (optional) | 5. Senate ID # <u>307455-1</u> |
| 7. Client Name <input type="checkbox"/> Self <u>State of North Dakota</u> | 6. House ID # | | |

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-Decer

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 | |
| 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>\$ 30,000</u> Income (nearest \$20,000) 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). | 13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of: <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code |

Signature Krista Carman
Printed Name and Title KRISTA CARMAN, Principal

0000041195



Registrant Name CARMAN CONSULTING Client Name State of North Dakota

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues
Disaster Aid

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

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| <u>KRISTA CARMAN</u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature Krista M. Carman Date 2/6/07

Printed Name and Title KRISTA CARMAN, Principle

1000041196

Registrant Name CARMAN CONSULTING Client Name State of North Dakota

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues
Coal Liquefaction

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

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| <u>KRISTA CARMAN</u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature *Krista Carman* Date 2/7/07

Printed Name and Title KRISTA CARMAN, Principal

0000041197



Registrant Name CARMAN CONSULTING Client Name State of North Dakota

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, information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues
Medicaid Funding

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

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

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| <u>KRISTA CARMAN</u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

Signature Karman Date 2/6/07

Printed Name and Title KRISTA CARMAN, Principal

0000041198

