

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 THE SENATE
 00 JUL 23 PM 2:38

LOBBYING REPORT

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

1. Registrant Name INFECTIOUS DISEASES SOCIETY OF AMERICA (IDSA)	
2. Address <input type="checkbox"/> Check if different than previously reported 99 CANAL CENTER PLAZA, SUITE 210	
3. Principal Place of Business (if different from line 2) City: ALEXANDRIA State/Zip (or Country) VA 22314	
4. Contact Name Robert J. Guidos Telephone 703-299-0202 E-mail (optional) RGuidos@idsociety.org	5. Senate ID # 54836-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # 35089000

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 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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> → \$ <u>50,000.00</u> <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>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98) PAGE 1 of 8

Registrant Name IDSA Client Name IDSA

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)

HEALTH ISSUES

(OTC - FDA PART 15 HEARING)
(Letter to FDA/CVM on risk assessment)

16. Specific lobbying issues

ANTIBIOTIC RESISTANCE (GENERAL) (FRIST MEETING ON S. 2731)

ANTIBIOTIC SHORTAGES (MEETING) IN OCTOBER W/ FDA, CDC

CLINICAL LABORATORY IMPROVEMENT ACT (FDA, CDC, HEFA)
(GRAMSTAIN)

VACCINES (NUII program - meeting w/ Frist staff)

Condom Labeling (Frist staff) (CHAFFS STAFF)

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

FDA; CDC; HEFA

SENATOR FRIST & KENNEDY

HOUSE (Condom Labeling, VACCINE/AUTISM HEARING)

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

Name	Covered Official Position (if applicable)	New
<u>Robert J. Goidas</u>		<input type="checkbox"/>
<u>MARK LEASURE</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 _____

Printed Name and Title _____

Registrant Name IDSA Client Name IDSA

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 MED (one per page)

MEDICAL / DISEASE RESEARCH / CLINICAL CARES

16. Specific lobbying issues

CLIA (CLINICAL LABORATORY IMPROVEMENT ACT)
GRAM STAIN
RESEARCH (INTERNATIONAL - FORECAST INTERNATIONAL CENTER - NIAH)
LETTERS TO APPROPRIATES

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

FDA, CDC, HCRA
SENATE & HOUSE

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

Name	Covered Official Position (if applicable)	New
<u>Robert J. Grigas</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 _____

Registrant Name IDSA Client Name IDSA

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 MMM (one per page)

MEDICARE/MEDICAID

16. Specific lobbying issues

Antimicrobial Infusion Therapy coverage

17. House(s) of Congress and Federal agencies contacted

Check if None

HCF A

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

Name	Covered Official Position (if applicable)	New
<u>Robert J. Gaidos</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"/>
		<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 _____

Registrant Name IDS A Client Name IDS A

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 SCI (one per page)

SCIENCE / TECHNOLOGY

16. Specific lobbying issues

Federal Advisory Committee Act
(VACCINES Advisory Committees)
[SKSEN letter]

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

HOUSE APPROPRIATIONS

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

Name	Covered Official Position (if applicable)	New
<u>Robert J. Gidos</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 _____

Registrant Name IDSA Client Name IDSA

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 FOO (one per page)

FOOD INDUSTRY (SAFETY, LABELING)

16. Specific lobbying issues

IRRADIATION
ANTIMICROBIAL RESISTANCE / FOOD ANIMAL DRUG ISSUES

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

CPSAN / FDA - through connection with THE NATIONAL
(CVM) - ANTIMICROBIAL RESISTANCE / FOOD PROCESSORS ASSOCIATION

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

Name	Covered Official Position (if applicable)	New
<u>Robert J. Gidas</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 _____

Registrant Name LD SA Client Name LD SA

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 AGR (one per page)

AGRICULTURE

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)	New
		<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 _____

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Registrant Name IDSA Client Name IDSA

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 CSP (one per page)
CONSUMER ISSUES / SAFETY / PROTECTION

16. Specific lobbying issues
THERE ARE NONE IN ADDITION TO THOSE LISTED UNDER:
'FOO'; 'SCI'; 'MED'; 'MMM'; 'HCR' PAGES

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

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

Name	Covered Official Position (if applicable)	New
		<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 Robert J. Guidos Date 7/26/00
Printed Name and Title Robert J. Guidos