

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

SECRETARY OF THE SENATE

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September 15, 2000

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EXECUTIVE DIRECTOR

Julie M. Scofield

Secretary of the Senate  
Office of Public Record  
232 Hart Senate Office Building  
Washington, D.C. 20510

Dear Secretary of the Senate:

Please find enclosed a Midyear 2000 report of the National Alliance of State and Territorial AIDS Directors (NASTAD, I.D. 26513) as required by Section 6 of the Lobbying Disclosure Act of 1995. I apologize for the lateness of this report.

Thank you for your consideration. Please give me a call at (202) 434-8090 if you have any questions.

Sincerely,

Julie M. Scofield  
Executive Director

Enclosure

NASTAD

444 North Capitol Street, NW, Suite 339, Washington, DC 20001-1517 FAX 202-434-8092 PHONE 202-434-8090 E-MAIL nastad@nastad.org

SECRETARY OF THE SENATE  
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# LOBBYING REPORT

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

1. Registrant Name <b>National Alliance of State and Territorial AIDS Directors</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>444 North Capitol Street NW Suite 339 Washington, DC 20001</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <b>Julie M. Scofield</b>	Telephone <b>202-434-8090</b>	E-mail (optional)	5. Senate ID # <b>20513</b>
7. Client Name <input type="checkbox"/> Self			6. House ID # <b>30233000</b>

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><b>12. Lobbying Firms</b></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><b>13. Organizations</b></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>16,322.89</u>  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> 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 checked="" 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 **Julie M. Scofield Executive Director**

Registrant Name NASTAD Client Name \_\_\_\_\_

**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

Appropriations of HIV/AIDS Programs.

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

Check if None

House & Senate  
OMB  
HHS

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

Name	Covered Official Position (if applicable)	New
<u>Laura A. Hansen</u>	<u>Director of Govt Relations</u>	<input checked="" 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 J. Scott Date 9/15/00  
Printed Name and Title J. Scott, Executive Director

Registrant Name NASTAD Client Name \_\_\_\_\_

**Information Update Page - Complete ONLY where registration information has changed.**

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

Joseph F. Kelly

**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 Julie M. Scofield Date 9/15/00  
Printed Name and Title Julie M. Scofield, Executive Director

Form 1 (D-3) (Rev. 10/02)

Page \_\_\_\_\_ of \_\_\_\_\_