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LOBBYING REPORT

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

1. Registrant Name SENSE Inc.				
2. Address <input type="checkbox"/> Check if different than previously reported 1111-14th Street, N.W., Suite 700				
3. Principal Place of Business (if different from line 2) City: Washington			State/Zip (or Country) DC/ 20005	
4. Contact Name C. Juliet Pittman		Telephone (202) 628-1151	E-mail (optional)	
7. Client Name <input type="checkbox"/> Self Sac & Fox Nation			5. Senate ID # 34843	
			6. House ID # 31531	

TYPE OF REPORT 8. Year 2002 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

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
 \$10,000 or more ⇨ \$ _____
 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
 \$10,000 or more ⇨ \$ _____
 Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.
 Method A. Reporting amounts using LDA definition
 Method B. Reporting amounts under section 6011 Internal Revenue Code
 Method C. Reporting amounts under section 162 Internal Revenue Code

Signature  _____

Printed Name and Title _____ C. Juliet Pittman, President _____

LD-2 (REV. 6/98)

Registrant Name SENSE Inc. Client Name Sac & Fox Nation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Self-Governance
Bureau of Indian Affairs
Indian Health Services

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

Check if None

FY 2004 Interior Appropriations Committee
FY 2004 Labor, Health & Education Appropriations
Senate Committee on Indian Affairs
House Resources Committee


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

Name	Covered Official Position (if applicable)
C. Juliet Pittman	N/A
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None



Signature  _____ Date _____

Printed Name and Title C. Juliet Pittman, President

Form LD-2 (Rev.6/98)

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