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LOBBYING REPORT

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

AND DELIVERED

1. Registrant Name The Wesker Group			
2. Address <input type="checkbox"/> Check if different than previously reported 1317 F Street, NW, Suite 600, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Cynthia Berry, Principal and General Counsel	Telephone (202) 662-3714	E-mail (optional)	5. Senate ID # 41113-202
7. Client Name <input type="checkbox"/> Self Crow Tribal Council			6. House ID # 30756014

TYPE OF REPORT 8. Year 1999 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 align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000</u> <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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instruction 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 type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code.</p>

Signature _____
 Printed Name and Title Cynthia Berry, Principal and General Counsel

Registrant Name The Wexler Group Client Name Crow Tribal Council

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 addition page(s) as needed.

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

16. Specific lobbying issues

Appropriations for the Bureau of Indian Affairs, Indian Health Services

General issues of concern to Native American tribes

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

U.S. House of Representatives
U.S. Senate
Executive Office of the President
Department of Interior
Department of Justice

Department of Health and Human Services
Department of Housing and Urban Development

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

Name	Covered Official Position (if applicable)	New
Dale Snape		<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 list on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title Cynthia Berry, Principal and General Counsel

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

Paul Saunders

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 organizations 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 *Cynthia E. Berry* Date 8/4/99

Printed Name and Title Cynthia Berry, Principal and General Counsel