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 FEB 14 AM 11:08 H.D.

LOBBYING REPORT

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

1. Registrant Name					
Akin, Gump, Strauss, Hauer & Feld, L.L.P.					
2. Address 🔲 Check if differem than previously reported					
1333 New Hampshire Avenue, NW					
3. Principal Place of Business (if different from line 2)					
City: Washington State/Zip (or Country) DC 20036					
4. Contact Name Telephone	E-ntaři (ogstonal) 5. Senate ID#				
Sylvia A. de Leon 202-887-4000	682-1267				
7. Clioni Naine Self 6. House ID #					
The Sabre Group, Inc.	31784121				
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					
12. Lobbying Firms	13. Organizations				
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:				
Less than \$10,000 📋	Less than \$10,000				
\$10,000 or more	\$10,000 or more				
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.				
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only				
	Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code				
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code				
Signature					
Printed Name and Title Sylvia A. de Leon					
1.D-2 (REV. 6/98)	PAGE 1 of 3				

L.P. Client Name The Sabre Group, Inc.	
cessary to reflect the general issue areas in which the regist reporting period. Using a separate page for each code, pr needed.	
uter reservation options, including an amendment to the Practices Act (H.R. 1000, S. 82)	
cred Check if None	
n this issue area	1
Covered Official Position (if applicable)	New
served as Legislative Coursel to U.S. Representative Bob Inglis (R-SC) from 1997 to 1999	Ø
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d on line 16 above 🔀 Check if None	ŀ
Date February 14, 2000	
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	cessary to reflect the general issue areas in which the regist reporting period. Using a separate page for each code, proceeded. Let reservation options, including an amendment to the Practices Act (H.R. 1000, S. 82) Let Check if None Check if None Cuvered Official Position (if applicable) Served as Legislative Coursel to U.S. Representative Bob logits (R-SC) from 1997 to 1999 Lond line 16 above Check if None

Registrant Name Akin, G	Registrant Name Akin, Gump. Strauss, Hauer & Feld, L.L.P. Client Name The Sabre Group						
Information Update Page - Complete ONLY where registration information has changed.							
20. Clieta new address	WWW. WFWW. 184	11/7					
21. Client new princips) place of	husiness (if different from line 20)	· · · · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Сюу:		State/Zip (or Country)					
22. New general description of cit	ieru's business or activities						
LOBBYIST UPDATE 23. Name of each previous M. Lisbeth coen	sly reported individual who	is no longer expected to act as	a lobbyist for the client				
ISSUE UPDATE 24. General lobbying issues	s previously reported that n	so longer pertain					
AFFILIATED ORGANI 25. Add the following affile							
Name		Address	Principal Place of Business (city and state or country)				
26. Name of each previous	ily reported organization th	at is no longer affiliated with th	c registrant or client				
	.,.,						
FOREIGN ENTITIES 27. Add the following fore	ign entities			Mi			
Name	Address	Principal place of husiness (city and state or country)	Amount of contribution if more than \$10,000	Ownership percentage in elient			
28. Name of each previous affiliated organization.	ly reported foreign emity to	hat no longer owns, or controls,	oris affiliated with the reg	istrant, client or			
Signature A	A LEG		Date February I	4, 2000			
Printed Name and Title Syl- Form LD-2 (Rev. 6/98)	via A. de Leon, Parmer			age 3 of 3			