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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) Sensetoo@ailu.com	5. Senate ID # 34843
7. Client Name <input type="checkbox"/> Self Quinault Indian Nation			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

<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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature 

Printed Name and Title C. Juliet Pittman, President

LD-2 (REV. 6/98)

Registrant Name SENSE Inc. Client Name Quinault Indian Nation

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 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

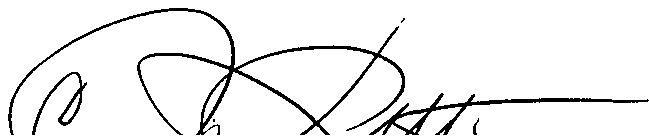
FY 2004 Interior Appropriations Committee
FY 2004 Labor, Health & Education Appropriations
Senate Committee on Indian Affairs
House Resources Committee

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



Date 02/12/03

Signature 

Printed Name and Title C. Juliet Pittman, President

Form LD-2 (Rev. 6/98)

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