

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
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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  
 Organization **Evergreen Associates, Ltd**

2. Address  Check if different than previously reported  
 206 G Street NE  
 City **Washington** State **DC** Zip Code **20002** Country **US**

3. Principal place of business (if different than line 2)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
 Mr. **Robert Brooks** (202) 543-3383 evergreen@evergreendc.com

5. Senate ID # **13884-34**

7. Client Name  Self  
**Choctaw Nation of Oklahoma**

6. House ID # **3029200**

**TYPE OF REPORT** 8. Year **2005** Midyear (January 1-June 30)  OR Year End (July 1-December)

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exact accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions on Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(9) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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*Robert Brooks* 9/14/05

Printed Name and Title **Robert Brooks, President**

0000421814



Registrant Name Evergreen Associates, Ltd

Client Name Choctaw Nation of Oklahoma

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

15. General issue area code IND - Indian/Native American Affairs (one per page)

16. Specific lobbying issues

Native American Affairs

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

Senate  
House of Representatives  
Department of Interior

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

Name		Suffix	Covered Official Position (if applicable)
First Name	Last Name		
<u>Robert</u>	<u>Brooks</u>		
<u>David</u>	<u>Kuennen</u>		

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Printed Name and Title Robert Brooks, President

0000421815



Registrant Name **Evergreen Associates, Ltd**

Client Name **Choctaw Nation of Oklahoma**

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

**20. Client new address**

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**21. Client new principal place of business (if different than line 20)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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**

First Name	Last Name	Suffix	First Name	Last Name
1			3	
2			4	

**ISSUE UPDATE**

**24. General lobbying issues that no longer pertain**

Find the code to select below

\_\_\_\_\_

**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state of country)
Address	City	
City	State	Country
Address	City	
City	State	

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**FOREIGN ENTITIES**

**27. Add the following foreign entities**

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc offer
City	City	State	Country		

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, or affiliated organization**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

Robert Brooks

Printed Name and Title **Robert Brooks, President**

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