

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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# LOBBYING REPORT

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

1. Registrant name	
Organization	The Gallatin Group
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	400 N. Capitol St Suite 585
City	Washington State DC Zip Code 20001 Country USA
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	
Ms. Samantha Benton	(202) 220-1355 sbenton@gallatingroup.com
5. Senate ID #	
15747-378	
7. Client Name <input type="checkbox"/> Self	
Twin Falls Coalition	
6. House ID #	
32408021	

**TYPE OF REPORT** 8. Year 2005 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"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000</u></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"><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 expense accounting method. See instructions for description of option:</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Cor

Printed Name and Title Samantha Benton, Associate

0000140982



Registrant Name The Gallatin Group

Client Name Twin Falls Coalition

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 URB - Urban Development/Municipalities (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue* >

Secure funding for city of Twin Falls, ID

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

House, Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue identifying lobbyists for this issue*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Will	Hollier		
Zak	Andersen		Chief of Staff, Senator Max Baucus
Samantha	Benton		

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

*Add a page for a different*

0000140983



Registrant Name The Gallatin Group

Client Name Twin Falls Coalition

**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

Suffix

1

Samantha

Benton

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 or country)
	Address C/S/Z	City State Country
	Address C/S/Z	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 City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Owner percent 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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title Samantha Benton, Associate

0000140984

SWB 2/10/06