

LOBBYING REPORT

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

1. Registrant Name STRATEGIC IMPACT			
2. Address <input type="checkbox"/> Check if different than previously reported 444 N. CAPITOL ST. NW, SUITE 840			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country): DC 20001			
4. Contact Name MICHAEL JIMENEZ	Telephone 202-434-8013	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self PASCUA YAGUI TRIBE OF ARIZONA	6. House ID # 34608001		

TYPE OF REPORT 8. Year 2000 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 INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> → \$ <u>48,000</u> <small>Income (nearest \$20,000)</small> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> - <u>None</u> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Printed Name and Title

MICHAEL JIMENEZ, PRINCIPAL, STRATEGIC IMPACT

Registrant Name STRATEGIC IMPACT Client Name Pascua Yagui Tribe

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

N/A

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)
N/A		

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

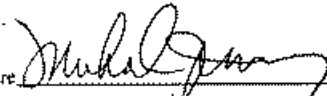
N/A

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, if client
N/A				

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 

Date October 10, 2000

Printed Name and Title MICHAEL JIMENEZ, PRINCIPAL, STRATEGIC IMPACT

Registrant Name STRATEGIC Impact Client Name PASCUA YAQUI TRIBE OF ARIZONA

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 BUD (one per page)

16. Specific lobbying issues
increased federal appropriations for the PYT's HMO program which is managed by the Indian Health Services.


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

House of Representatives
U.S. Senate
INDIAN HEALTH SERVICES.

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

Name	Covered Official Position (if applicable)	Now
<u>MICHAEL C. JIMENEZ</u>	<u>PRINCIPAL, STRATEGIC IMPACT</u>	<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 listed on line 16 above Check if None

Signature  Date October 10, 2000
Printed Name and Title MICHAEL C. JIMENEZ, PRINCIPAL, STRATEGIC IMPACT

Registrant Name STRATEGIC IMPACT Client Name PASCUA YAGUI TRIBE OF ARIZONA

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 HCR (one per page)

16. Specific lobbying issues

Secure additional federal funding for the Tribe's HMO program which is managed by the Indian Health Services.

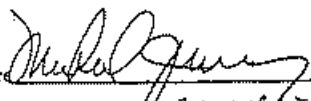
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
U.S. Senate
INDIAN Health Services

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

Name	Covered Official Position (if applicable)	New
Michael Jimenez	Principal, Strategic Impact	<input type="checkbox"/>
		<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 listed on line 16 above Check if None

Signature  Date October 19, 2008
Printed Name and Title MICHAEL C. JIMENEZ, PRINCIPAL, STRATEGIC IMPACT

Registrant Name STRATEGIC Impact Client Name Pasqua Yagui Tribe of ARIZONA

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 IA1D (one per page)

16. Specific lobbying issues
Secure federal funding for Tribe's HMO.

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

House of Representatives
U.S. Senate
Indian Health Service

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

Name	Covered Official Position (if applicable)	New
<u>Michael C. Jimenez</u>	<u>Principal, Strategic Impact</u>	<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 listed on line 16 above Check if None

Signature [Signature] Date October 10, 2000
Printed Name and Title Michael C. Jimenez, Principal Strategic Impact
Form LD-2 (Rev. 6/98) Page 5 of 5