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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 Incorporated			
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	Telephone	E-mail (optional)	5. Senate ID #
C. Juliet Pittman	(202) 628-1151	Sensetoo@senseinc.com	3484
7. Client Name <input type="checkbox"/> Self			6. House ID #
Squaxin Island Tribe			3153

**TYPE OF REPORT** 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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><b>EXPENSES</b> 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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature

*C. Juliet Pittman*

Printed Name and Title

C. Juliet Pittman, President

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LD-2 (REV. 6/98)

Registrant Name SENSE Incorporated Client Name Squaxin Island Tribe

**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 cod information as requested. Attach additional page(s) as needed.

15. General issue area code IND (one per page)

16. Specific lobbying issues

Self-Governance  
Indian Health Services  
Bureau of Indian Affairs

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

FY 2007 Interior Appropriations Committee  
FY 2007 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

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

Signature  Date July 26, 2004

Printed Name and Title C. Juliet Pittman, President

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Form LD-2 (Rev.6/98)

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