

Clerk of the House of Representatives
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SECRETARY OF THE SENATE
05 FEB 15 AM 10:51

LOBBYING REPORT

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

1. Registrant Name Murray, Montgomery, & O'Donnell			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 101 Constitution Avenue Suite 900 City Washington State/Zip (or Country) DC 20001			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name John H. Montgomery	Telephone 202-742-4400	E-mail (optional) jhmlaw@erols.com	5. Senate ID # 26227-633
7. Client Name <input type="checkbox"/> Self OK Native Am. Cultural/Educational Authority			6. House ID # 31776063

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☐ **OR** Year End (July 1-De

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
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>\$20,000.00</u> <div style="text-align: right;">Income (nearest \$20,000)</div> 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).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 603 of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code

Signature _____ Date _____

Printed Name and Title **John H. Montgomery -** _____ Pa

Registrant Name: Murray, Montgomery, & O'DonnellClient Name: OK Native Am. Cultural/Educational Authority

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

H.R.2, FY2004 Omnibus Appropriations, Funding for museum in Oklahoma City17. House(s) of Congress and Federal agencies contacted
House of Representatives☐ Check if None

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

Name	Covered Official Position (if applicable)
Montgomery, John H.	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____

Printed Name and Title **John H. Montgomery -** _____ P:

Registrant Name: Murray, Montgomery, & O'DonnellClient Name: OK Native Am. Cultural/Educational Authority

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

H.R.2, FY2004 Omnibus Appropriations, Funding for Museum Exhibits

17. House(s) of Congress and Federal agencies contacted

☒ Check if None

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

Name	Covered Official Position (if applicable)
Montgomery, John H.	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date _____

Printed Name and Title **John H. Montgomery -** _____ Pg