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 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 Miccosukee Tribe of Indians of Florida	
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 440021 Tamiami Station	
3. Principal Place of Business (if different from line 2) City: Miami State/Zip (or Country) FL 33144	
4. Contact Name (temporary) Samuel B. Reiner	5. Senate ID# 25090-12
Telephone (305)279-1166	E-mail (optional)
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID# 32573-000

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	
<p>12. Lobbying Firms</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 type="checkbox"/> ⇔ \$ _____ <small>Income (nearest \$20,000)</small></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>13. Organizations</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 checked="" type="checkbox"/> ⇔ \$ <u>40,000.00</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature _____
 Printed Name and Title Samuel B. Reiner Tribal Attorney

Registrant Name Miccosukee Tribe Client Name Self

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 CAW (one per page)

16. Specific lobbying issues

Everglades Restoration

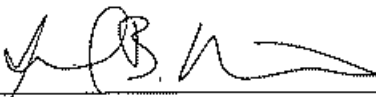
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
U.S. Department of Interior
Environmental Protection Agency
Army Corps of Engineers

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

Name	Covered Official Position (if applicable)	New
None		<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 8/11/00
Printed Name and Title Samuel B. Reiner, Tribal Attorney

Registrant Name Miccosukee Tribe Client Name Self

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 NAT (one per page)

16. Specific lobbying issues

Everglades Restoration

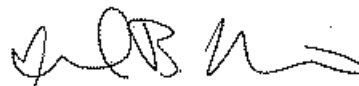
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
U.S. Senate
U.S. Department of Interior
U.S. Department of Justice
Environmental Protection Agency
Army Corps of Engineers

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

Name	Covered Official Position (if applicable)	Rev
<u>None</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

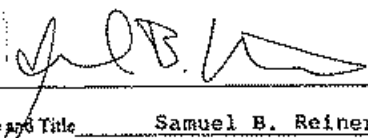
16. Specific lobbying issues
Everglades Restoration

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. House of Representatives
U.S. Senate
U.S. Department of Interior
U.S. Department of Justice
Environmental Protection Agency
Army Corps of Engineers

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

Name	Covered Official Position (if applicable)	Yes
<u>None</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

16. Specific lobbying issues

Indian Child Welfare
Interior/Bureau of Indian Affairs
Appropriations
Indian Health Service Appropriations
Miccosukee Tribe Issues

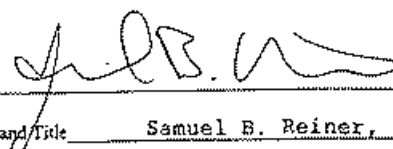
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U.S. House of Representatives
U.S. Senate
U.S. Department of Interior
U.S. Department of Justice

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

Name	Covered Official Position (if applicable)	No.
None		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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Signature  Date 8/11/00
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15. General issue area code GAM (one per page)

16. Specific lobbying issues

Indian Gaming and Indian Gaming Regulatory Act.

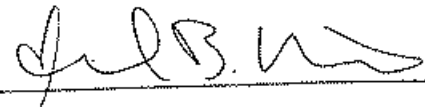
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U.S. House of Representatives
U.S. Senate
U.S. Department of Interior

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

Name	Covered Official Position (if applicable)	Yes
None		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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