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



LOBBYING REPORT

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

1. Registrant name		"
Organization The Gallatin Group		
2. Address Check if different than previously reported		
Address1 400 N. Capitol St	Suite 585	
City Washington State		Country US
3. Principal place of business (if different than line 2)	,	
City State City State	Zip Code Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Ms. Samantha Benton (202) 220-1355 sbe	nton@gallatingroup.com	15747-49
7. Chem Name Ser		6. House ID#
Confederated Tribes of the Grand Ronde of Oregon		32408029
		11. No Lobbying Activ
10. Check if this is a Termination Report 🔲 🖨 Termination Dat	e	11 No Lobbying Activ
INCOME OR EXPENSES - Complete Either Line	12 OR Line 13	11. No Lobbying Activ
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	12 OR Line 13	11. No Lobbying Activ
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Registrant Name The Galla	atin Group ————————————————————————————————————	Client Name Confederated Tribes of the Grand Ronde
engaged in lobbying on	TY. Select as many codes as behalf of the client during the d. Attach additional page(s)	s necessary to reflect the general issue areas in which the reporting period. Using a separate page for each code
15. General issue area co	ode	g/Casino (one per page)
16. Specific lobbying is:	sues	
Tribal Gaming		
House, Senate, Interior	ss and Federal agencies conta	
	Name Last Name Suffix	Covered Official Position (if applicable)
Zak Ande	ersen	Chief of Staff, Senator Max Baucus
Samantha Bent	on	
Dan Lave	y	
Kent Craft	ord	
Katie Wilso	on	VP Advance Office
19. Interest of each fore	ign entity in the specific issu	es listed on line 16 above \(\overline{\text{X}}\) Check if None

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Registrant Name The Gallatin	n Group	Client Name Confederated Tribes of the Grand Rond	de (
engaged in lobbying on be	Y. Select as many codes as chalf of the client during the Attach additional page(s) a	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each cod	e rє d e,
15. General issue area cod	IND - Indian/Native Amer	can Affairs (one per page)	
16. Specific lobbying issue	es	Add page to continue specific issues description for this issue	
Tribal Issues			
17. House(s) of Congress	and Federal agencies contac	eted Check if None	4
House, Senate, Interior		•	
I,			
18. Name of each individu	ual who acted as a lobbyist	n this issue area Add a page to continue additing lobbyists for	this
No	ame		
	Last Name Suffix	Covered Official Position (if applicable)	
First Name L	.ast Name Suffix	Chief of Staff, Senator Max Baucus	
First Name L Will Hollier Zak Anders Samantha Benton	Last Name Suffix Sen	Chief of Staff, Senator Max Baucus	- Andrews - Andr
First Name L Will Hollier Zak Anders Samantha Benton	Last Name Suffix Sen	Chief of Staff, Senator Max Baucus	
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First Name Will Hollier Zak Anders Samantha Benton Dan Lavey Kent Craforo	ast Name Suffix Sen	Chief of Staff, Senator Max Baucus	
Will Hollier Zak Anders Samantha Benton Dan Lavey Kent Craforo Katie Wilson	ast Name Suffix Sen d	Chief of Staff, Senator Max Baucus	
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Registrant Name The				Name Confeder Oregon			···
20. Client new addre		· Complete ONLY w	here reg	gistration info	rmation has	changed	l
Address							
City			State	Zip Cod	le ्	Country	
21. Client new princ	cipal place of bus	iness (if different than lir	ne 20)	***************************************		•••••••••••••••••••••••••••••••••••••••	**********
City			State	Zip Cod	e	Country	,
22. New general des	scription of client	t's business or activities					
LOBBYIST UPI		rted individual who is	no longei	r expected to ac	t as a lobhvist	for the clie	ent
First Name Samantha	Last Nam Benton	e Suffix	3	First Name	Last Name	,	Sı
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ISSUE UPDATE		<u></u>		Find the code t	o select below		
24. General lobbyi	ing issues that n	o longer pertain			0 00,000 00,011	•	
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AFFILIATED C							
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τ		C/S/Z			State	Coun	try
		Address			City		
		C/S/Z			State		
26. Name of each	previously repo	rted organization that i	s <mark>no long</mark>	er affiliated wit	th the registran	t or client	
]		2		3	;		
FOREIGN ENT 27. Add the follow		tion			· · · · · · · · · · · · · · · · · · ·		
Name		Address	Princip	al place of business	Amount of co	ntribution	Ow
	Street Addres City	s State/Province Country		nd state or country)	for lobbying		per clie
			City				
4			State	Country			
28. Name of each pr affiliated organiz		d foreign entity that no lo	nger own	s, <u>or</u> controls, <u>or</u>	is affiliated with	h the regist	rant,
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