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



SECRETARY OF THE SENATE

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

1. Registrant name				
Organization OUTBACK STEAKHOUSE, INC.				
2. Address Chock if different than previously reported	į!			
Address 2202 N. WEST SHORE BLVD.	5TH FLOOR			
City TAMPA State	FL Zip Code 33607 Country USA			
3. Principal place of business (if different than line 2)				
City State City State	Zip Code Country /Zip or Countrÿ			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID # tthewhalme@outback.com 90272-12			
7. Client Name Self	6. House ID #			
OUTBACK STEAKHOUSE, INC.	36720000			
INCOME OR EXPENSES - Complete Either Line	1911 - 1939 - 1 Pril 1941 1941			
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting per were:			
Less than \$10,000 [Less than \$10,000 🔲			
\$10,000 or more	\$10,000 or more			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only			
	Method B. Reporting amounts under section 6033(b)(8) of t Internal Revenue Code			
	Method C. Reporting amounts under section 162(c) of the Ir Revenue Code			
	Form Com			

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Registrant Name OUTBACK STEAKHOUSE, INC.	Client Name OUTBACK STEAKHOUSE, INC.
LOBBYING ACTIVITY. Select as many codes as engaged in lobbying on behalf of the client during th information as requested. Attach additional page(s)	s necessary to reflect the general issue areas in which the reg e reporting period. Using a separate page for each code, p as needed.
15. General issue area code	Revenue Code (one per page)
16. Specific lobbying issues	Add page to continue specific assues description for this issue:
Restaurant Building Depreciation 17. House(s) of Congress and Federal agencies cont Senate House of Representatives	tacted Check if None
18. Name of each individual who acted as a lobbyis Name First Name Last Name Suffix MATTHEW HALME	ct in this issue area Add a page to continue additing tolibyide to dies in this issue area Add a page to continue additing tolibyide to dies in this issue area Add a page to continue additing tolibyide to dies in this issue area Add a page to continue additing tolibyide to dies in this issue area Add a page to continue additing tolibyide to dies in this issue area.
KHALIL SALIBA	N/A
19. Interest of each foreign entity in the specific iss	sues listed on line 16 above 🔀 Check if None

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Go to 'Form

Registrant Name OUTBACH	STEAKHOUSE, INC. Client Name OUT			UTBACK STEAKHOUSE, INC.	
Information Updat	e Page - Complete ONLY	where regi	stration inform	nation has changed.	
20. Client new address					
City	(was also beautiful per	State	Zip Code	Country	
21. Client new principal p	place of business (if different than	line 20)	ļi ļi	_	
City		State	Zip Code	Country	
22. New general descript	ion of client's business or activities	1	i		
			1 ,		
LOBBYIST UPDAT 23. Name of each previ	E ously reported individual who i	s no longer (Expected to act a	s a lobbyist for the client	
		3	 		
<u> </u>		4	ii		
ISSUE UPDATE		F	ind the code to	select below.	
	sues that no longer pertain		 		
AFFILIATED ORG	ANIZATIONS Iffiliated organization(s)		 - -		
Nane		Address		Principal place of Business (city and state or country)	
наприментической положения	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City	
	C/S/Z			State Country	
	Address C/S/Z		1	City State	
		4:	# .cGU.ccad mith		
26. Name of each previ	26. Name of each previously reported organization that is no longe				
Ш	2		3		
FOREIGN ENTITI			 		
27. Add the following	*	Dringina	place of business	Amount of contribution Ownersh	
Name	Address Street Address City State/Province Coun	(city and	I state or country)	for lobbying activities percenta client	
		City			
, , , , , , , , , , , , , , , , , , ,		State	Country		
			<u> </u>	officed with the registrant clie	
28. Name of each previo affiliated organization	usly reported foreign entity that no	ionger owns	<u>or</u> controts, <u>or</u> Is	ammuted while the registrain, one	
	3		†	3	
2	4		6		
1 				Add a page for more upde	



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