

Pete Homer
4004 David Land
Alexandria, Va. 22311

SECRET
05 APR


April 1, 2005

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC. 20510

Dear Sir:

Attaching my annual lobbying report for period July 1, 2004 to December 31, 2004. Registrant name: Pete Homer, client name: Colorado River Indian Tribes, D # 35134000.

Sincerely


Pete Homer

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

05 APR 12 AM 10:35

LOBBYING REPORT

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

1. Registrant Name PETE HOMER			
2. Address <input type="checkbox"/> Check if different than previously reported 4004 DAVID LANE			
3. Principal Place of Business (if different from line 2) City: ALEXANDRIA State/Zip (or Country) VA. 22311			
4. Contact Name PETE HOMER	Telephone 703-998-8177	E-mail (optional)	5. Senate ID 35739
7. Client Name <input type="checkbox"/> Self			6. House ID

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

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

<p align="center">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 checked="" type="checkbox"/> ⇒ \$ <u>58,620.00</u> 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>15,467.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6115 Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature 

Printed Name and Title PETE HOMER, CRIT CONSULTANT

LD-2 (REV. 6/98)

Registrant Name PETE HOMER Client Name COLO. RIVER INDIAN TR.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

No Lobbying,

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

☐ Check if None

DEPT. of INTERIOR

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

Name	Covered Official Position (if applicable)
<u>PETE HOMER</u>	<u>CRIT CONSULTANT</u>

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

☐ Check if None

Signature

Pete Homer

Date

4-1-05

Printed Name and Title PETE HOMER, CRIT CONSULTANT

Form LD-2 (Rev.6/98)

Page

Registrant Name PETE HOMERClient Name COHO RIVER INDIAN TRIBE**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cc

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrar affiliated organization

Signature



Printed Name and Title PETE HOMER, CRIT CONSULTANT Date 7-1-00
Form LD-2 (Rev. 6/98) Page