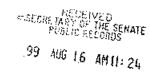
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Beilding Washington, DC 20515 Secretary of the Senate Office of Public Records 233 Han Building Washington, DC 20510



LOBBYING REPORT

13.55 A. A. A.

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

i. Registran Name Black, Kelly, Scruggs & Healey				
Registrant Address Check if different than previously reported Address 1801 K Street, N.W. City Washington State/Zip (or Country)	Suite 901-L, DC 20006 USA			
Principal Place of Business (if different from ting 2)				
City State/Zip (or Country)		·····		
. Contact Name Telephone E-u Charles Black	Telephune E-mail (optional)			
Client Name Self National Football League	6 Figure 10 9 33118030			
NCOME OR EXPENSES - Complete Eith 12. Lobbying Firms		rizations		
12. Lobbying Firms NCOME relating to lobbying activities for this reporting	, ,	13. Organizations EXPENSES relating to lobbying activities for this reporting		
period was:	period were:			
ess than \$10,000 🔞	1.ess than \$10,000 (1)			
10,000 or more X >> \$ \$29,000.00	\$\$0,000 or more (*) >> \$	Expenses (nearest \$20.000)		
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.			
	(1) Method A. Reporting amounts using LDA definitions only			
	Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code			
grature Mary Kay Morin	Date	4/99		
inted Name and Title Mary Key Morin - Federal Com	pliance Administrator			

Reg	istrant Name:	Black, Kelly, Scruggs & Healey	
Clie	nt Name:	National Football League	
¢ng:	aged in lobbyin	FIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant ng on behalf of the client during the reporting period. Using a separate page for each code, provide uested. Attach additional page(s) as needed.	
15.	General issue	e area code TAX (one per page)	
16.	Specific Lobb 8.952, Stadio Activity in 15	bying issues um Pinancing and Franchise Relocation Act of 1999. 999 (as and budget legislation.	
17,		Congress and Federal agencies contacted Check if None Representatives	
18.	Name of each	n individual who acted as a lobbyist in this issue area Covered Official Position (if applicable)	New ***
	Disler, Mark	,	Ne
	Friess, Katho	erine	No
-111000	***************************************		
	~~~~~~~~~		
*********			
19.	Interest of eac	ch foreign entity in the specific issues listed on line 16 above    Check if None	·
Sion	iás) ese	Date 8/14/99	
Prin	ted Name and T	Title Mary Kay Morin - Federal Compliance Administrator Page	7 of 3

m Name: Nation	al Football League					
<del></del>	Page - Complete ONLY w	here registration information	in has changed.			
D. Client new address	Non-Standa SINC 10014 NEW					
	New York, NY, 10017 USA of business (if different from line 20)					
ity	State/Zip (or Country)					
-:						
-						
OBBYIST UPDATE						
<ol> <li>Name of each previous</li> </ol>	usly reported individual who is	ino longer expected to act as	a lobbyist for the client			
	1					
SSUE UPDATE						
<ol> <li>General lobbying issues.</li> </ol>	ues previously reported that no	longer pertain				
FILIATED ORGA	NIZ ATIONS		w			
<ol> <li>Add the following at</li> </ol>						
			·			
Name		A didunar		lace of Business		
			(city and state of the	(city and state or country)		
			ļ			
		į				
			<u> </u>			
<ol><li>Name of each previo</li></ol>	usty reported organization that	is no longer affiliated with the	he registrant or client			
			***************************************			
OREIGN ENTITIES 7. Add the following for						
		Principal Place of Bu	Silvess Amount of contribution	Ownership %		
	Address	(gity and state or cou	)	in effest		
Name	_{			1		
Name			***			
Name			***************************************			
Name			***************************************			
			OCCITICATION AND A STATE OF THE			
8. Name of each previo	usly reported foreign entity tha		s, or is affiliated with the regist	rant, client,		
	usly reported foreign entity tha		s, or is affiliated with the regist	rant, client,		
8. Name of each previo or affiliated organiza	usly reported foreign entity tha	it no leager owns, or controls	s, or is affiliated with the regist	rant, client,		
8. Name of each previo or affiliated organiza	usly reported foreign entity that	it no leager owns, or controls		rant, client,		
8. Name of each previo or affiliated organiza	usly reported foreign entity that	d no leager owns, or controls	s, or is affiliated with the regist  Date 8/14/99	rant, client,		