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LOBBYING REPORT

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

1. Registrant Name <u>Jana McKeag</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>315 Queen St</u>			
3. Principal Place of Business (if different from line 2) City: <u>Alexandria</u> State/Zip (or Country) <u>VA 22314</u>			
4. Contact Name <u>Jana McKeag</u>	Telephone <u>703-684-1203</u>	E-mail (optional) <u>jmgaf@aol.com</u>	5. Senate ID <u>45-</u>
7. Client Name <input type="checkbox"/> Self <u>Sodak Gaming</u>			6. House ID <u>3423</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-I

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>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>\$116,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest: _____)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for descriptions.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA d</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature Jana McKay
Printed Name and Title Jana McKay - Consultant

LD-2 (REV. 6/98)

Registrant Name Jana McKeag Client Name Sodat Gaming

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

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

16. Specific lobbying issues

Land into Trust Regs
Compact Approval

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

Dept of Interior - BIA
Nat'l Indian Gaming Comm,
Senate Comm Indian Affairs

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

Name	Covered Official Position (if applicable)
<u>Jana McKeag</u>	
.....
.....
.....
.....
.....
.....
.....

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

Check if None

[Signature] Date 9/17/13

Signature _____
Printed Name and Title Jana McKay - Consultant '11'

Form LD-2 (Rev. 6/98)

Registrant Name Jana McKeay Client Name Sodalr Gaming

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

N/A

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

N/A N/A

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

N/A

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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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

N/A

Signature [Handwritten Signature] Date 2/1/0
Printed Name and Title Jana McReag
Form LD-2 (Rev. 6/98)