| | |
|---|---|
| ...e House of Representatives<br>...ative Resource Center<br>...106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

***Check One:*** [✓] New Registrant [ ] New Client for Existing Registrant [ ] Amendment

1. Effective Date of Registration 02/

**2. House Identification** _____ **Senate Identification** _____

## REGISTRANT

[✓] Organization [ ] Individual

3. Registrant Organization AndersonTuell, LLP

Address 300 Independence Avenue Address2 SE, #200

City Washington State DC Zip 20003 - Co

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____ - Co

5. Contact name and telephone number [ ] **International Number**

Contact Mr. Michale J. Anderson Telephone (202) 543-5000 E-mail rlewis@andersontuell.com

6. General description of registrant's business or activities

Law Firm

## CLIENT

*A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists sho labeled "Self" and proceed to line 10.* [ ] ***Self***

7. Client name Amah Mutsun Band

Address 3015 Eastern Avenue #40

City Sacramento State CA Zip 95821 - Co

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____ - Co

9. General description of client's busines or activities

Tribal Government

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pe this section has served as a "covered executive branch official" or "covered legislative branch official" within two years a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

| Name | | | Covered Official Position (if applicable) |
|---|---|---|---|
| First | Last | Suffix | |
| Michael | Anderson | | Partner |
| Loretta | Tuell | | Partner |
| Derril | Jordan | | Partner |
| Patrick | Bergin | | Associate |
| Matthew | Kelly | | |

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ndersonTuell, LLP Client Name Amah Mutsun Band

## BBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, |

| BUD | CAW | CON | ECN | GAM | GOV | HOU | IND | RES |
|---|---|---|---|---|---|---|---|---|

12. Specific lobbying issues (current and anticipated)

Tribal Government

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

☑ No --> Go to line 14.

☐ Yes --> Complete the rest of this section for each entity matcl criteria above, then proceed to line 14.

| Name | Address: Street / City | State/Province | Zip Code | Country | | Principal Place of Bus |
|---|---|---|---|---|---|---|
| | | | | | City | |
| | | | | | State | Country |
| | | | | | City | |
| | | | | | State | Country |
| | | | | | City | |
| | | | | | State | Country |

## FOREIGN ENTITIES

14. Is there any foreign entity

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: or
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

☑ No --> Sign and date the registration.

☐ Yes --> Complete the rest of this section for each entity matcl the criteria above, then sign the registration.

| Name | Address: Street / City | State/Province | Country | | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|---|---|---|---|---|---|---|
| | | | | City | | |
| | | | | State | Country | |
| | | | | City | | |
| | | | | State | Country | |

**Signature** ✓ **Digitally Signed By: Renee T Lewis** **Date** **07/1**

**US, DST ACES Business Representative, ANDERSON TUELL LLP, Renee T Lewis**

**Printed Name and Title** Michael J. Anderson, Partner

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