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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration _____

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Organization **Sher & Blackwell LLP**

Address **1850 M St., NW Suite 900**

City **Washington** State **DC** Zip **20036** Country **USA**

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

City _____ State _____ Zip _____

5. Telephone number and contact name

202-463-2500 Prefix _____ Full Name _____
Contact **Mr.** **Steven Schwadron** E-mail **sschwadron@sherblackwell.com**

6. General description of registrant's business or activities

Lobbying and law firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* Self

7. Client name **Mashpee Wampanoag Tribe**

Address **483 Great Neck Road, South**

City **Mashpee** State **MA** Zip **02649** Country **USA**

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

City _____ State _____ Zip _____ Country _____

9. General description of client's business or activities

LOBBYISTS

Go to page 3 to add more lot

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 person list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

First	Name Last	Suffix	Covered Official Position (if applicable)
Jeffrey	Pike		
Stacey	Neary		
Robert	Freeman		
Steven	Schwadron		Chief of Staff, Congressman William Delahunt

1000152129



Registrant Name Sher & Blackwell LLP Client Name Mashpee Wampanoag Tribe

LOBBYING ISSUES Find the code to select below. *Go to page 3 to add more lobbying*

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

IND

12. Specific lobbying issues (current and anticipated)

Federal recognition of Native American Tribe

AFFILIATED ORGANIZATIONS *Go to page 3 to add more organiz.*

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 matching the criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or country)

FOREIGN ENTITIES *Go to page 3 to add more foreign*

14. Is there any foreign entity that:

- 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 activ 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 of th lobbying activity?

No ⇨ Sign and date the registration. Yes ⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date th registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc in c
	Street Address City	State/Province	Country			

Form Com

Printed Name and Title Steven Schwadron

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Registrant Name Sher & Blackwell LLP

Client Name Mashpee Wampanoag Tribe

ADDITIONAL LOBBYISTS

Return to page 2 to finish the

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name Last	Suffix	Covered Official Position (if applicable)

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish the

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish the

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of Business (city and state or country)

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish the

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

Add an additional supplementary informatio

Printed Name and Title Steven Schwadron

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