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AUG - 8 PM 4: 14
LOBBYING REPORT

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

1. Registrant name					
Prefix	Mr.	First	Michael J.	Last	Schaller
2. Address <input checked="" type="checkbox"/> Check if different than previously reported					
Address 1	111 E. Wacker Drive		Suite 2800		
City	Chicago	State	IL	Zip Code	60601
3. Principal place of business (if different than line 2)					
City		State		Zip Code	
City		State/Zip or Country		Country	
4a. Contact Name		b. Telephone number		c. E-mail	
Prefix	Full Name				
Mr.	Michael J. Schaller	(312) 836-4005		mschaller@shesfksylaw.com	
7. Client Name <input type="checkbox"/> Self					5. Senate ID #
Liberty Alliance					6. House ID #

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

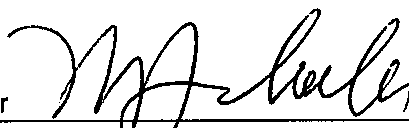
10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) Revenue Code</p>
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Form

Printed Name and Title Michael J. Schaller





Registrant Name Michael Schaller Client Name Liberty Alliance

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

15. General issue area code IND - Indian/Native American Affairs (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Rights of Native Americans to reservation land

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

House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Michael J.	Schaller		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a d

Registrant Name Michael Schaller Client Name Liberty Alliance

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City State Zip Code Country

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

City State Zip Code 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

First Name Last Name Suffix First Name Last Name

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

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
	Street Address City State/Province Country	City State Country	

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

1

3

5

2

4

6

Add a page for me

