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LOBBYING REPORT

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

1. Registrant Name Davis & Harman LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1455 Pennsylvania Avenue NW, Suite 1200, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Janis McClintock	Telephone 202/347-2230	E-mail (optional)	5. Senate ID# 11674-672
5. Client Name <input type="checkbox"/> Self National Defined Contribution Council			6. House ID # 31318063

TYPE OF REPORT

8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

10. Check if this is a Termination Report \ Termination Date

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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"/> \ \$ 20,000.00 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>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \ \$ Income (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Revenue Code</p>

Signature _____

Printed Name and Title _____

Registrant Name **Davis & Harman LLP**

Client Name **National Defined Contribution Council**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged i
behalf of the client during the reporting period. **Using a separate page for each code**, provide information as requested. Attach additi
needed.

15. General issue area code **TAX** (one per page)

16. Specific lobbying issues
H.R. 1000, Pension Security Act
H.R. 1776, Pension Preservation and Savings Expansion Act
S. 1698, Retirement Security Advice Act
S. 1617, Women's Pension Protection Act
S. 2424, National Employee Savings Trust Equity Guaranteed Act
H.R. 4520, American Jobs Creation Act
S. 1637, Jumpstart our Business Strength Act

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

House of Representatives
Senate
Treasury
Department of Labor

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

Name	Covered Official Position (if applicable)
Randolf Hurst Hardock	
James M. Delaplane, Jr.	

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name **Davis & Harman LLP**

Client Name **National Defined Contribution Council**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged i
behalf of the client during the reporting period. **Using a separate page for each code**, provide information as requested. Attach additi
needed.

15. General issue area code **FIN** (one per page)

16. Specific lobbying issues
Retirement plan implications of mutual fund reforms.

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

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

Name	Covered Official Position (if applicable)
Randolf Hurst Hardock	
James M. Delaplane, Jr.	

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

Signature *Ra H K* Date 8/14/04

Printed Name and Title _____

