

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE
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LOBBYING REPORT

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

1. Registrant name			
Organization	Michael J. O'Connor- O'Connor & Fierce Associates		
2. Address <input type="checkbox"/> Check if different than previously reported			
600 New Hampshire Ave., N.W. Suite 1000			
City	Washington	State	DC
		Zip Code	20037
		Country	
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		State/Zip or Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Michael J. O'Connor	(202) 333-4141	m1oconnor@msn.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Miller Desk			6. House ID #
			30109

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

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

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"/> ⇨ \$ _____</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 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 reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LIDA 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(e) Internal Revenue Code</p>

Form

Printed Name and Title Michael J. O'Connor- President

Registrant Name Michael J. O'Connor- O'Connor & Fierce / Client Name Miller Desk

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

15. General issue area code MAN - Manufacturing (one per page)

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

Procurement and contracting related

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

GSA

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

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Michael J.	O'Connor		

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

Add a page for a r

Registrant Name Michael J. O'Connor- O'Connor & Fierce A Client Name Miller Desk

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 Bus: (city and state or cot
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	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	Street Address City	Address State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
			City	
			State Country	

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

1

3

5

2

4

6

Add a page for me

Printed Name and Title Michael J. O'Connor- President

