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LOBBYING REPORT

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

1. Registrant Name Daryl Owen Associates, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 801 Pennsylvania Avenue, NW Suite 310 City Washington State/Zip (or Country) DC 20004			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Daryl Owen Telephone 202-393-7771			5. Senate ID # 82135-330
7. Client Name <input type="checkbox"/> Self FirstEnergy Service Company			6. House ID # 36465016

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

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

10. Check if this is a Termination Report >> Termination Date **1/31/2005**

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000) 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of	
<input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 603 of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code	

Daryl Owen

Signature Daryl Owen _____ Date _____

Printed Name and Title Daryl Owen _____ Pa