

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 D

05 FEB 16

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
		shelsky + froelich	
2. Address <input type="checkbox"/> Check if different than previously reported			
444 N. Michigan Avenue		Suite 2500	
City	Chicago	State	IL
		Zip Code	60611
		Country	U
3. Principal place of business (if different than line 2)			
City	Chicago	State	IL
		Zip Code	60611
		Country	U
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Michael J. Schaller	(312)836-4005	mschaller@shelskylaw.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Liberty Alliance			6. House ID #

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 Act

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 definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) 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. Schaller

Registrant Name Michael J. Schaller

Client Name Liberty Alliance

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide 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 for this issue*

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

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

Add a page for a diff

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SECRETARY OF THE SENATE

05 FEB 16 PM 4:11

LOBBYING REPORT

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

1. Registrant name
Prefix Mr. First Cezar M. Last Froelich Shefsky & Froelich

2. Address Check if different than previously reported
Address I 444 N. Michigan Avenue Suite 2500
City Chicago State IL Zip Code 60611 Country U

3. Principal place of business (if different than line 2)
City Chicago State IL Zip Code 60611 Country U
City State/Zip or Country

4a. Contact Name Prefix Full Name <u>Mr. Cezar M. Froelich</u>	b. Telephone number <u>(312)836-4002</u>	c. E-mail <u>cfroelich@shefskylaw.com</u>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>Liberty Alliance</u>			6. House ID # <u>36642</u>

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INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this report were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____	\$10,000 or more <input type="checkbox"/> ⇨ \$ _____
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Form

Printed Name and Title Cezar M. Froelich

Printed Name and Title Cezar M. Froelich



LD-2DS (REV. 4/03)

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