

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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LOBBYING REPORT

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

1. Registrant name					
Prefix	Mr.	First	Thomas R.	Last	Daly, Esq., of Counsel
2. Address		<input type="checkbox"/> Check if different than previously reported			
Address 1	Odin, Feldman & Pittleman		9302 Lee Highway, Suite 1100		
City	Fairfax	State	VA	Zip Code	22031
3. Principal place of business (if different than line 2)					
City	State		Zip Code		Country
4a. Contact Name		b. Telephone number		c. E-mail	
Prefix	Full Name				5. Senate ID #
Mr.	Thomas R. Daly		(703) 218-2110		11583-
7. Client Name					6. House ID #
<input type="checkbox"/> Self					331450
American Chiropractic Association					

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

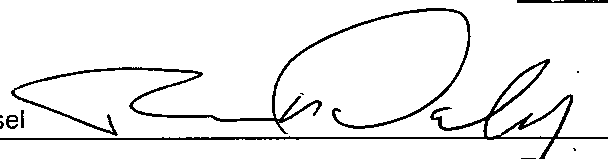
9. Check if this filing amends a previously filed version of this report

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 expected accounting method. See instructions for description of options.</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)(3) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

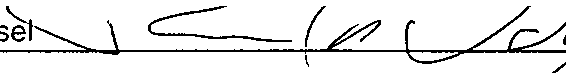
Form C

Printed Name and Title Thomas R. Daly, Esq., of Counsel



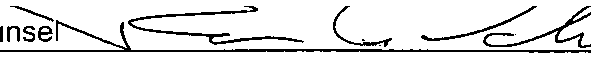


Printed Name and Title Thomas R. Daly, Esq., of Counsel



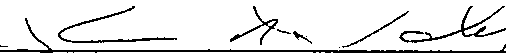
LD-2DS (REV. 4/03)

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Printed Name and Title Thomas R. Daly, Esq., of Counsel 

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Page

Printed Name and Title Thomas R. Daly, Esq., of Counsel 

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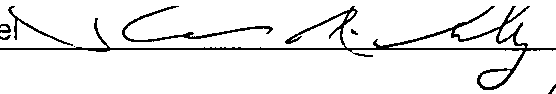
Printed Name and Title Thomas R. Daly, Esq., of Counsel

Thomas R. Daly 2/1

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Registrant Name Thomas R. Daly, Esq., of Counsel Client Name American Chiropractic Association

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 Busin (city and state or coun
	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	O pe cl.
	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 affiliated organization

1

3

5

2

4

6

Add a page for more

_____ *[Handwritten signature]*