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LOBBYING REPORT

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

1. Registrant Name Diversified Collection Services, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 333 North Canyons Parkway, Suite 100			
3. Principal Place of Business (if different from line 2) Livermore California 94551 City: State/zip (or Country)			
4. Contact Name Chris Crissman	Telephone (202) 467-8007	E-mail (optional) crissman@dcswins.com	5. Senate ID # 342412
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 36373000

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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>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 checked="" type="checkbox"/> ⇨ \$ <u>100,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of methods.</p> <p><input checked="" 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(c) Internal Revenue Code</p>
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Signature _____

Date August 2, 2005

Printed Name and Title

Chris Crissman, Senior Vice President

LD-2 (REV. 4/03)

PAGE 1 of 6

Registrant Name Diversified Collection Services, Inc. Client Name _____

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

15. General issue area code EDU (one per page)

16. Specific lobbying issues

Issues relating to debt collection, especially private collection of outstanding student loans.


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

Department of Education
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Jon Shaver	
Chris Crissman	

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

Signature  Date _____

Printed Name and Title Chris Crissman, Senior Vice President

Registrant Name Diversified Collection Services, Inc. Client Name _____

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

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

16. Specific lobbying issues

Issues relating to debt collection, especially potential private collection of outstanding tax debt.


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

Department of Treasury
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Jon Shaver	
Chris Crissman	

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

Signature  Date _____

