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SECRETARY
06 FEB 15

LOBBYING REPORT

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

1. Registrant name Thacher Proffitt & Wood LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1700 Pennsylvania Ave., N.W. Washington DC 20006 USA			
3. Principal place of business (if different than line 2) City: _____ State/Zip or Country: _____			
4a. Contact Name Ms. Barbara D. Burke	b. Telephone number 202-347-8400	c. E-mail bburke@tpw.com	5. Senate ID # 37961-24
7. Client Name <input type="checkbox"/> Self Water Quality Insurance Syndicate			6. House ID # 30145001

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 Activities

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 expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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[Edit Form >](#)

Signature _____ Date _____

Printed Name and Title Barbara D. Burke, Consultant



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