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SECRETARY OF THE SENATE

05 FEB 14 AM 9: 5

LOBBYING REPORT

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

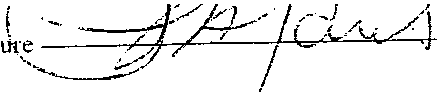
1. Registrant Name Fleischman and Walsh, L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 1919 Pennsylvania Ave, NW Suite 600 Washington, D.C. 20006			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Louis Dupart	Telephone (202) 939-7907	E-mail (optional) ldupart@fw-law.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Security Industry Association			6. House ID # 33539078

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>100,000.00</u> <small>Income (nearest \$20,000)</small> 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"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code
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Signature  Date 1 20 10

Printed Name and Title Louis Dupart, Partner

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Registrant Name Fleischman and Walsh, L.L.P. Client Name Security Industry Association

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

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

16. Specific lobbying issues

Working with the legislative and executive branches of government on various SIA sponsored initiatives

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

House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
John McAllister	
James Link	
Krista Stark	
Andrew Quinn	
Louis Dupart	
Stan Skocki, III	

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

Signature [Handwritten Signature] Date Feb 9,

Printed Name and Title

Louis Dupart, Partner

Form LD-2 (Rev. 4/03)

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Registrant Name Fleischman and Walsh, L.L.P. Client Name Security Industry Association

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

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

16. Specific lobbying issues

Working with the legislative and executive branches of government on various SIA sponsored initiatives

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

House of Representatives
US Senate

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

Name	Covered Official Position (if applicable)
John McAllister	
James Link	
Krista Stark	
Andrew Quinn	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Signature _____

Printed Name and Title Louis Dupart, Partner

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