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## LOBBYING REPORT

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

|   |                                  |   |                |
|---|----------------------------------|---|----------------|
| 1. Registrant Name<br><u>Gallop, April D.</u>   |                                  |   |                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><u>P.O. Box 5303</u>                     |                                  |   |                |
| 3. Principal Place of Business (if different from line 2)<br>City: <u>Woodbridge</u> State/Zip (or Country) <u>Va 22194</u> |                                  |   |                |
| 4. Contact Name<br><u>April D. Gallop</u>   | Telephone<br><u>703-969-9998</u> | E-mail (optional)<br><u>agallop@hotmail.com</u> | 5. Senate ID # |
| 7. Client Name <input type="checkbox"/> Self<br><u>9-11 families/veterans</u>   |                                  |   | 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 Activities

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

|  |   |
|--|---|
| <p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> = <u>0.00</u></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br/>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 align="center"><b>13. Organizations</b></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"/> ⇨ \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of each method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p> |
|--|---|

Signature

*April D. Gallop*

Signature [Handwritten Signature]

Printed Name and Title April D. Gallop LMS (CEO)

LD-2 (REV. 6/98)

Registrant Name April D. Gallop Client Name 9-11 families/veterans

**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 HOM (one per page)

16. Specific lobbying issues

*Safety, security (all matters unresolved as reported via 9-11 Commis  
illegal alien issues, domestic terrorism issue, health and welfare  
DIS. All matters pertaining to Veterans.*

17. House(s) of Congress and Federal agencies contacted

Check if None

*all reps of Congress.  
Fed Ag (DOJ, CIA, FBI, ICE)*

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

| Name        | Covered Official Position (if applicable) |
|-------------|---|
| <i>Self</i> | <i>lobbyist</i>                           |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *April D Gallop* Date 9 March 05

Printed Name and Title April D. Gallup (Pres/CEO)

\* Copy submitted via mail)

Form LD-2 (Rev. 6/98)

Page

Registrant Name April D. Gallup Client Name 9-11 families/Veterans

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or 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

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name  | Address       | Principal Place of Bu<br>(city and state or cc |
|---|---------------|--|
| 9-11 Elisha Zion Foundation<br>9-11 Families for Secure America | P.O. Box 5308 | Woodbridge, Va 2                               |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities N/A

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature

*April D. Gallup*

Printed Name and Title April D. Gallop (Pres / CEO)

Form LD-2 (Rev. 6/98)