

Clerk 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 <b>GOLDSBOROUGH &amp; ASSOCIATES</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>5508 LOMBARDY PL. BALTO. MD. 21210</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<b>ROBERT H. GOLDSBOROUGH</b>	<b>(410)435-7086</b>		<b>164</b>
7. Client Name <input type="checkbox"/> Self			6. House ID #
<b>AMERICANS for IMMIGRATION CONTROL</b>			<b>3348</b>

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	
<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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>20,000</u> — 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"/> ⇨ \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</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( Internal Revenue Code</p>

Signature *Robert H. Goldsborough*

Printed Name and Title ROBERT H. GOLDSBOROUGH, PRESIDENT

LD-2 (REV. 6/98)

PA

Registrant Name GOLDSBOROUGH ASSOCIATION Client Name AMERICANS for IMMIGRATION

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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

REDUCE LEGAL IMMIGRATION  
STOP ILLEGAL "  
USE OF MILITARY TO ASSIST INS BORDER PATROL

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

Check if None

HOUSE of REPRESENTATIVES  
SENATE  
INS

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

Name	Covered Official Position (if applicable)
<u>ROBERT H. GOLDSBOROUGH</u>	

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

Check if None

Signature Robert H. Goldsborough

Date 7-19-04

Printed Name and Title ROBERT H. GOLDSBOROUGH, PRESIDENT

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Registrant Name GOLDSBOROUGH & ASSOC Client Name AMERICANS for IMMIGRATION

**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 Business (city and state or country)

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

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev. 6/98)

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