

SECRETARY  
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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

# 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>334</b>

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

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><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 checked="" 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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this re 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 indica accounting method. See instructions for description c</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</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 *Robert H. Goldsborough*

Printed Name and Title ROBERT H. GOLDSBOROUGH, PRESIDENT

LD-2 (REV. 6/98)

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Registrant Name GOLDSBOROUGH ASSOC Client Name AMERICANS for IMMIGR

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which it engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cc 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

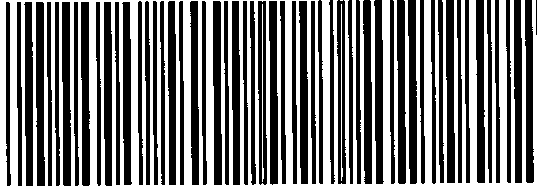
Signature Robert H. Goldsborough Date 1-25-0

Printed Name and Title ROBERT H. GOLDSBOROUGH, PRESIDENT

Form LD-2 (Rev. 6/98)

Page

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# LOBBYING REPORT

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

1. Registrant name			
Ms.	Judy	Sullivan	
2. Address <input type="checkbox"/> Check if different than previously reported			
1051 N. Liberty Street			
Arlington		VA	22205-1430
3. Principal place of business (if different than line 2)			
City		State/Zip or Country	
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms. Judy Sullivan	703-241-5662	WashingtonIssues@aol.com	82
7. Client Name <input type="checkbox"/> Self			6. House ID #
1st Rochdale Cooperative Group, Ltd.			36

**TYPE OF REPORT** 8. Year 2004 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 Lobby

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

<p><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"/></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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA disclosure</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under sector internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under sector Revenue Code</p>
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Signature Judy Sullivan Date 1/25/04

Printed Name and Title Judy Sullivan, Director Government Relations

LD-2DS (Rev. 4/03)



Printed Name and Title Judy Sullivan, Director Government Relations

LD-2DS (REV. 4/03)

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Registrant Name Judy Sullivan Client Name 1st Rochdale Cooperative Gro

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

20. Client new address

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

City

State/Zip

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 cli

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

TAX

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of B (city and state or c

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

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

Signature Judy Sullivan Date 1/25/04

