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LOBBYING REPORT

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

1. Registrant Name Mallino Government Relations			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 4303 Tuckerman Street City University Park State/Zip (or Country) MD 20782 USA			
3. Principal Place of Business (if different from line 2) City Washington State/Zip (or Country) DC 20036 USA			
4. Contact Name David L. Mallino	Telephone (202) 626-8517	E-mail (optional)	5. Senate ID # 59637-51
7. Client Name <input type="checkbox"/> Self Laborers Health and Safety Fund of North America			6. House ID # 35321001

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

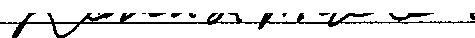
9. Check if this filing amends a previously filed version of this report

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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ \$20,000.00 Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of c
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitio
	<input type="checkbox"/> Method B. Reporting amounts under section 6033i the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Signature  Date _____

Printed Name and Title **David L. Mallino - President** Pag _____

Registrant Name: Mallino Government Relations

Client Name: Laborers Health and Safety Fund of North America

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

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

16. Specific Lobbying issues

Labor-HHS Appropriations; HUD-VA Independent Agencies Appropriations; Occupational Safety and Health Legislation.

17. House(s) of Congress and Federal agencies contacted
**Environmental Protection Agency
House of Representatives
National Institute for Occupational Safety and Health
Senate**

Check if None

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

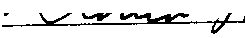
Name	Covered Official Position (if applicable)
Mallino, David L.	
Mallino, Jr., David L.	

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

Check if None

David L. Mallino

Date 1/30/2005

Signature :  _____

Printed Name and Title **David L. Mallino - President** _____ P: