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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 |
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SECRETAR
04 MAY 11**LOBBYING REPORT**

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

| | | | |
|---|--|--|--------------------------------|
| 1. Registrant Name National Burglar & Fire Alarm Association | | | |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported 8380 Colesville Road Suite 750 | | | |
| 3. Principal Place of Business (if different from line 2) City: Silver Spring State/zip (or Country) MD 20910 | | | |
| 4. Contact Name David Johnson Telephone 301-585-1855 E-mail (optional) | | | 5. Senate ID # 27311 |
| 7. Client Name <input checked="" type="checkbox"/> Self National Burglar & Fire Alarm Association | | | 6. House ID # 32136 |

TYPE OF REPORT 8. Year **2001** 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 **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 checked="" type="checkbox"/> |
| \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 exp accounting method. See instructions for description of op |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definitio |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code |

Signature [Handwritten Signature] Date 7-20-01
Printed Name and Title David Johnson Dr. Gay Affs

Registrant Name National Burglar? Client Name _____
Fire Alarm 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 LAW (one per page)

16. Specific lobbying issues

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

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

| Name | Covered Official Position (if applicable) |
|------|---|
| | |
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Paul P. Tol Date 4-30-04

Printed Name and Title David Johnson Dir, Govt Affs

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Registrant Name National Burglar? Client Name _____
Fire Alarm Association

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

20. Client new address

8380 Coltsville Road Suite 750

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

City Silver Spring State/Zip (or Country) MD 20910

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

Matthew Wald, Jennifer Behring, Adrienne Auzenne

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: (city and state or cou |
|------|---------|--|
| | | |

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 registrant, c
 affiliated organization

Signature [Signature] Date 4-30-04

Printed Name and Title David Johnson Dir, Govt Affs

Form LD-2 (Rev. 4/03)

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