

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

SECRETARY OF THE

LOBBYING REPORT

23 AM

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

1. Registrant name			
Organization		DAVID KILIAN CONSULTING SERVICES	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		2343 SOUTH MEADE STREET	
City	ARLINGTON	State	VA
		Zip Code	22202
Country USA			
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
Country			
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
	Mr. DAVID KILIAN	703-519-6176	DK OFFICE@EARTHLINK.NET
5. Senate ID #		295758 - 2	
7. Client Name		6. House ID #	
<input type="checkbox"/> Self		37485000	
LOPELAND, LOWERY, JACQUEZ, DEBON & WHITE			

TYPE OF REPORT 8. Year 2005 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</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"/> <input type="checkbox"/> \$ <u>120,000</u></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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> <input type="checkbox"/> \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
--	--

Form Comp

Printed Name and Title DAVID F. KILIAN

David F. Kilian

8/14/2005

0000441145



Client Name CORELAND, LOWERY, JACKLEE

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

Any page in contains specific cases descriptions for this reason

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 *Add a page to continue identifying lobbyists for item 18*

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

DAVID F. KILIAN

Page 2

00041146

Client Name COPELAND, LONGLEY, JACOB?, ZEPHON,

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

Specific lobbying issues

HR 1518 (S 1042) DEPARTMENT OF DEFENSE AUTHORIZATION ACT, FISCAL YEAR 2006: small business legislation	
---	--

House(s) of Congress and Federal agencies contacted ☐ Check if none

HOUSE OF REPRESENTATIVES

[illegible]

Printed Name and Title DAVID F. KILIAN

Page

100-94147

Registrant Name _____ Client Name _____

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that no longer pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)	
	Address	City	Country
	C/S/Z	State	
	Address	City	
	C/S/Z	State	

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owne perce client
	City	State/Province Country	City		
			State Country		

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

1

3

5

2

4

6

Add a page for more up

Printed Name and Title

DAVID F KILIAN

