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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, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported			
4303 Tuckerman St.			
University Park		MD	20782 USA
3. Principal place of business (if different than line 2)			
Washington		DC	20036 US
City	State/Zip or Country		
4a. Contact Name	b. Telephone number	c. E-mail	5. Senate ID #
Mr. David L. Mallino	202-626-8515	dmallino@aol.com	59637-51
7. Client Name <input type="checkbox"/> Self			6. House ID #
Laborers Health and Safety Fund of North America			35321001

**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 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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</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 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"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate proper accounting method. See instructions for description of options</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions on</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Edit >

Signature David L. Mallino Date 7/22/05

Printed Name and Title David L. Mallino, President



Registrant Name Mallino Government Relations, Inc.Client Name Laborers Health and Safety Fund of I

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the r 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 HCR - Health Issues (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 ☐ Check if None

U.S. Senate  
U.S. House of Representatives  
National Institute for Occupational Safety and Health  
Environmental Protection Agency

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

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

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

Signature David L. Mallino

Date 7/22/05

Printed Name and Title David L. Mallino, President



Registrant Name Mallino Government Relations, Inc.Client Name Laborers Health and Safety Fund of N**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 client

David L.

Mallino

Jr.

**ISSUE UPDATE**24. General lobbying issues 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	Owns perce client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c  
affiliated organizationSignature David L. MallinoDate 7/22/05Printed Name and Title David L. Mallino, President

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