

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 SENATE  
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**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 <b>ROBERT H. GOLDSBOROUGH</b>	Telephone <b>(410) 435-7086</b>	E-mail (optional)	5. Senate ID # <b>16475</b>
7. Client Name <input type="checkbox"/> Self <b>AMERICAN IMMIGRATION CONTROL INC., NON-PROFIT CORP.</b>	6. House ID # <b>33484 000</b>		

TYPE OF REPORT 8. Year 2,000 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><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>  <small>Income (nearest \$20,000)</small></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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input 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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: Robert H. Goldsborough  
 Printed Name and Title: **ROBERT H. GOLDSBOROUGH, PRESIDENT**

Registrant Name GOLDSBOROUGH & Assoc. Client Name AMERICAN IMMIGRATION CONTROL INC. NON-PROFIT CORP.

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 IMM (one per page)

16. Specific lobbying issues  
REDUCE LEGAL IMMIGRATION  
STOP ILLEGAL "  
USE OF MILITARY TO ASSIST BORDER PATROL

17. House(s) of Congress and Federal agencies contacted  Check if None  
HOUSE OF REPRESENTATIVES & SENATE

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

Name	Current Official Position (if applicable)	New
<u>ROBERT F. GOLDSBOROUGH</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *Robert H. Goldsborough* Date 7-22-2000  
Printed Name and Title ROBERT H. GOLDSBOROUGH PRESIDENT