

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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SECRETARY
05 JUL 28

LOBBYING REPORT

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

1. Registrant name			
Prefix	Mr.	First	Thomas
		Last	Powers
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	2085 Highway A-1-A		Apartment 3605
City	Indian Harbour Beach	State	FL
		Zip Code	32937
			Country US
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.	Thomas Powers	321 773-1669	
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
National Association of Government Guarantee Lenders, Inc			48532-1
			6. House ID #
			3455200

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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"/> ⇒ \$ <u>40,000</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">13. Organizations</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>14. REPORTING METHOD. 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 of</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

Printed Name and Title Thomas G Powers, owner

Registrant Name Thomas Powers Client Name National Association of Government

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 SMB - Small Business (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue* >

promotion of guaranteed loans under section 7(a) of the Small Business Act

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

U.S. Senate
U.S. House of Representatives
Small Business Administration

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for t*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Thomas	Powers		

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

Add a page for a differ

Printed Name and Title Thomas G Powers, owner

Thomas J. Koves

7/18/05