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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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LOBBYING REPORT

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

1. Registrant Name THOMAS G POWERS	
2. Address <input type="checkbox"/> Check if different than previously reported 2008 ROCKINGHAM ST	
3. Principal Place of Business (if different from line 2) City: MCLEAN State/zip (or Country) VA 22101	
4. Contact Name NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LENDERS	5. Senate ID # 48532
7. Client Name <input type="checkbox"/> Self	6. House ID # 34552

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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 report period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>40,000</u> 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 opt
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(l) Internal Revenue Code
	<input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Thomas G Powers Client Name NATL ASSOC of GOVT C

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which t engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

promotion of guaranteed loans under § 7(a)
of the SMALL BUSINESS ACT

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

US Senate
US House of Representatives
SMALL BUSINESS ADMINISTRATION

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

Name	Covered Official Position (if applicable)
Thomas G Powers	

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

Signature Thomas G Powers Date 7/29/200

Printed Name and Title THOMAS G POWERS

