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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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SECRETARY

05 FEB 2007

**LOBBYING REPORT**

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

1. Registrant name							
Prefix	Mr.	First	Mark	Last	Magana		
2. Address <input type="checkbox"/> Check if different than previously reported							
3050 K Street NW Suite 160							
City	Washington	State	DC	Zip Code	20007	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		5. Senate ID #	
Prefix	Full Name						
Mr.	Mark Magana	202 295 5050		MarkMagana@prodigy.net		84354-36	
7. Client Name <input type="checkbox"/> Self						6. House ID #	
AmeriDream						3618900	

**TYPE OF REPORT** 8. Year 2004 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 Activity

**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 reporting were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>100,000</u>	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____
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 expense accounting method. See instructions for description of options.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code

Form Co

Printed Name and Title Mark Magana Partner



Registrant Name Mark Magana Client Name AmeriDream

**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** information as requested. Attach additional page(s) as needed.

15. General issue area code HOU - Housing (one per page)

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

American Dream Downpayment Act, Sub-Prime Lending, Government Sponsored Downpayment Gift Programs, 103% Loans

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

HUD FHA, House of Representatives, Senate

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark	Magana		
Joe	Velasquez		

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

*Add a page for a different issue area*



Registrant Name Mark Magana Client Name AmeriDream

**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

Suf

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

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)
	Address C/S/Z	City State Country
	Address C/S/Z	City 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	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc clien
	Street Address 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, or affiliated organization

1

3

5

2

4

6

Add a page for more u

Printed Name and Title Mark Magana Partner

