

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 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 Self | Telephone 703 532-2163 | E-mail (optional) | 5. Senate ID # |
| 7. Client Name <input type="checkbox"/> Self ASSOC OF SMALL BUSINESS DEVELOPMENT CTRS | | | 6. House ID # 34552002 |

TYPE OF REPORT 8. Year 2000 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

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> \Rightarrow <u>\$20,000</u> <small>(rounded to nearest \$20,000)</small> | \$10,000 or more <input type="checkbox"/> \Rightarrow \$ _____ <small>Expenses (nearest \$20,000)</small> |
| 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"/> Method A. Reporting amounts using LDA definitions only |
| | <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature Thomas G Powers

Printed Name and Title THOMAS G. POWERS

Registrant Name THOMAS G POWERS Client Name ASSOC of SMALL Bus Dev Ctrs

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 SMB (one per page)

16. Specific lobbying issues

PROMOTION of SBDCs under § 21 of SMALL BUSINESS ACT

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

House of Representatives
US Senate
SMALL BUSINESS ADMINISTRATION

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

| Name | Covered Official Position (if applicable) | None |
|-----------------|---|--------------------------|
| THOMAS G POWERS | | <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 Thomas G Powers Date 7/29/00

Printed Name and Title THOMAS G POWERS