

House of Representatives Source Center Union Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One:  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 05/

2. House Identification 35869

Senate Identification 721771

REGISTRANT  Organization  Individual

3. Registrant Organization Mickey Ibarra & Associates

Address 1140 Conneticut Ave, NW Suite 1100 Address2 \_\_\_\_\_  
 City Washington State DC Zip 20036 - \_\_\_\_\_ Cou \_\_\_\_\_

4. Principal place of business (if different than line 3)

City Washington State DC Zip 20036 - \_\_\_\_\_ Cou \_\_\_\_\_

5. Contact name and telephone number  International Number

Contact Ms. Melissa Felece Lento Telephone (202) 904-2001 E-mail Melissa@IbarraAssociates.com

6. General description of registrant's business or activities

A Government and Public Affairs Firm.

CLIENT *A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name Mexicans & Americans Thinking Together (MATT)

Address 329 Old Guilbeau Street  
 City San Antonio State TX Zip 78204 - \_\_\_\_\_ Cou \_\_\_\_\_

8. Principal place of business (if different than line 7)

City San Antonio State TX Zip 78204 - \_\_\_\_\_ Cou \_\_\_\_\_

9. General description of client's business or activities

A non - profit organization that encourages Mexicans & Americans to think together.

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years prior to becoming a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Paul	Gomez		

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### ING ISSUES

General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

GOV

IMM

LBR

Specific lobbying issues (current and anticipated)  
Migration and Labor

### AFFILIATED ORGANIZATIONS

Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a 12-month period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Street City	State/Province	Zip Code	Country	City	State	Country

### FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the client's lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity matching the criteria above, then sign the registration.

Name	Street City	State/Province	Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
				City	
				State	Country
				City	
				State	Country

Signature

Printed Name and Title Paul Gomez, Associate

Date 3

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**ADDITIONAL LOBBYISTS**

Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

11. Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

Name	Address				Principal Place of Business
	Street City	State/Province	Zip Code	Country	
					City State Country
					City State Country
					City State Country
					City State Country

**ADDITIONAL FOREIGN ENTITIES**

14. Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities
	Street City	State/Province	Country		
				City State Country	
				City State Country	
				City State Country	

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