

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 OF THE SENATE

06 APR 28 PM 1:11

# LOBBYING REPORT

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

1. Registrant name  
Organization **National Council for Community and Education Partnerships**

2. Address  Check if different than previously reported  
Address 1 **1400 20th Street, NW** Suite **G-1**  
City **Washington** State **DC** Zip Code **20036** Country **USA**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
City \_\_\_\_\_ State/Zip or Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail 5. Senate ID #  
**Mr. Hector Garza** **202-530-1135** **hector\_garza@edpartnerships.org** **83513-12**

7. Client Name  Self 6. House ID #  
**National Council for Community and Education Partnerships**

**TYPE OF REPORT** 8. Year **2005** 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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$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 checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Form Com

000150659

Printed Name and Title **Hector Garza, President**

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Registrant Name National Council for Community and Education Partnerships

Client Name National Council for Community and Education Partnerships

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 EDU - Education (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue* >

Higher Education Act and Labor, HHS and Education Appropriations

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

House of Representatives  
Senate  
U.S. Department of Education

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*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Hector	Garza	Ed.D.	President

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

*Add a page for a different*

0000150660



Registrant Name National Council for Community and Education Partnerships Client Name National Council for Community and Education Partnerships

**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
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**22. New general description of client's business or activities**

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**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	Suffix
1				3			
2				4			

**ISSUE UPDATE**

Find the code to select below.

**24. General lobbying issues that no longer pertain**

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**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1	2	3
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**FOREIGN ENTITIES**

**27. Add the following foreign entities**

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

**28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization**

1	3	5
2	4	6

Add a page for more updates

Printed Name and Title Hector Garza, President

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