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SECRETARY OF STATE

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LOBBYING REPORT

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

1. Registrant Name National Housing Trust			
2. Address <input type="checkbox"/> Check if different than previously reported 1101 30th St, NW, Suite 400			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20007			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael Bodaken	(202) 333-8931	mbodaken@nhtinc.org	2800
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
Self			3039

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**

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input checked="" type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Michael B.

Printed Name and Title

Michael Bodaken, President

LD-2 (REV. 6/98)

P

Registrant Name National Housing Trust Client Name Self

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 HOU (one per page)

16. Specific lobbying issues

-Maintenance of low income housing tax credit;
-Tax incentives to encourage preservation of affordable housing;
-HR 3485.

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

US Senate
US House of Representatives
US Department of Housing and Urban Development

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

Name	Covered Official Position (if applicable)
Michael Bodaken	President

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

Signature Michael B. Date 2-8-05

