



SECRETARY OF THE SENATE

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www.downpaymentalliar

February 5, 2004

Clerk of the House
Legislative Resource Center
Secretary of the Senate
Office of Public Records

RE: Corrected Lobbying Report

Dear Sir or Madam:

On January 23, 2004, we sent you Form LD-2, under the Lobbying Disclosure Act requirements.

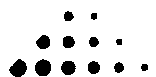
We wish to advise you that because of an inadvertent error, the entry in the section entitled TYPE OF REPORT inaccurately stated that the year reported on and the time period covered. The attached form accurately reflects the appropriate year and time period.

We regret the inconvenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Cottin", written over a large, light-colored scribble.

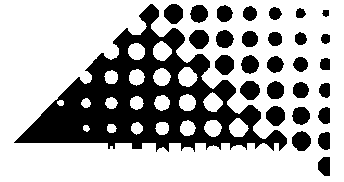
Jon Cottin
Executive Director



Homeownership Alliance of Nonprofit Downpayment Providers

7272 Wisconsin Ave, Suite 300
Bethesda Maryland, 20814

Phone 301.941.1907
Fax 301.652.0349



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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LOBBYING REPORT

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

1. Registrant Name <u>Homeownership Alliance of NonProfit Downpayment Providers (HAND)</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>7272 Wisconsin Ave Suite 300</u>			
3. Principal Place of Business (if different from line 2) City: <u>Bethesda</u> State/zip (or Country) <u>MD 20814</u>			
4. Contact Name <u>Jon Cottin</u>	Telephone <u>301 941 1907</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #		

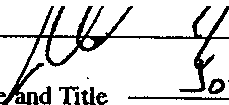
TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)

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 A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p style="text-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 style="text-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 expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>



Signature  Date 2-5-4
Printed Name and Title Jonathan Cottin, Executive Director

LD-2 (REV. 4/03)

PAGE 1 of

Homeownership Alliance of Non Profit Downpayment Providers (HAA)
Registrant Name _____ Client Name _____

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

Home Downpayment Assistance

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

House
Senate
Department of Housing and Urban Affairs

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

Name	Covered Official Position (if applicable)
Jonathan Cottin	Executive Director
Anne Senning	Director, Member Services

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

Signature [Signature] Date 2-5-14

Printed Name and Title Jonathan Cottin, Executive Director

Form LD-2 (Rec. 4/03)

Page 2 of 2

Home ownership Alliance of NonProfit Downpayment Providers (HAA)
 Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

- City

State/Zip (or 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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busin (city and state or count

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

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	Ov per cli

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

Signature

André C. Carlini

Date

2-5-4

Signature 

Printed Name and Title Jonathan Cottin, Executive Director

Form LD-2 (Rev. 4/03)

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