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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 NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LEND			
2. Address <input type="checkbox"/> Check if different than previously reported PO BOX 332			
3. Principal Place of Business (if different from line 2) City: STILLWATER State/Zip (or Country) OKLAHOMA 74076-0			
4. Contact Name Anthony R. Wilkinson	Telephone 405 377 4022	E-mail (optional) TWILKINSON@NAGGL.COM	5. Senate ID # 26796-
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 32443c

TYPE OF REPORT 8. Year 2002 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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>120,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature

Anthony R. Wilkinson

Printed Name and Title

Anthony R. Wilkinson

President & CEO

Registrant Name _____ Client Name NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LENDERS

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

SMALL BUSINESS ADMINISTRATION 7(a) LOAN PROGRAM
RURAL BUSINESS DEVELOPMENT BUSINESS & INDUSTRY LOAN PROGRAM

17. House(s) of Congress and Federal agencies contacted

Check if None

SENATE, HOUSE, EXECUTIVE OFFICE OF THE PRESIDENT
SMALL BUSINESS ADMINISTRATION
RURAL BUSINESS DEVELOPMENT

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

Name	Covered Official Position (if applicable)
ANTHONY R. WILKINSON	
KAREN P. HIGH	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Anthony R. Wilkinson Date _____

Printed Name and Title ANTHONY R. WILKINSON PRESIDENT & CEO

NATIONAL ASSOCIATION OF GOVERNMENT
GUARANTEED LENDERS

Registrant Name _____

Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

SMALL BUSINESS ADMINISTRATION 7(a) Loan Program
RURAL BUSINESS DEVELOPMENT BUSINESS & INDUSTRY LOAN PRO

17. House(s) of Congress and Federal agencies contacted

Check if None

SENATE, HOUSE, EXECUTIVE OFFICE OF THE PRESIDENT
SMALL BUSINESS ADMINISTRATION
RURAL BUSINESS DEVELOPMENT

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

Name	Covered Official Position (if applicable)
ANTHONY R. WILKINSON	
KAREN P. HIGG	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____

Anthony R. Wilkinson

Date _____

Printed Name and Title _____

ANTHONY R. WILKINSON

PRESIDENT & CEO

