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LOBBYING REPORT

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

1. Registrant Name Thomas G Powers	
2. Address <input type="checkbox"/> Check if different than previously reported 2008 ROCKINGHAM ST	
3. Principal Place of Business (if different from line 2) City: MCLEAN State/zip (or Country) VA 22101	
4. Contact Name self	Telephone 703 532-2163
5. Senate ID # 48532 -	
7. Client Name <input type="checkbox"/> Self NATIONAL ASSOC OF GOVERNMENT GUARANTEED LENDERS	6. House ID # 345520

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 /

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 checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> 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 expense accounting method. See instructions for description of options.</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 checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>	

Signature _____ Date _____

Printed Name and Title

Thomas G Powers

Registrant Name Thomas G Powers Client Name NATL ASSOC of Govt Guv

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

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

16. Specific lobbying issues

Promotion of guaranteed loans under § 7(a) of the SMALL BUSINESS ACT

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

US Senate
US House of Representatives
SMALL BUSINESS ADMINISTRATION

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

Name	Covered Official Position (if applicable)
Thomas G Powers	

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

Signature Thomas G Powers Date 1/27/04
Printed Name and Title Thomas G Powers

