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## LOBBYING REPORT

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

|  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| 1. Registrant Name<br><b>MFJ International</b>   |                                    |  |                                    |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>1341 Connecticut Avenue, N.W.</b> <b>Third Floor</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20036</b> |                                    |  |                                    |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____   |                                    |  |                                    |
| 4. Contact Name<br><b>Maria Fabiana Jorge</b>  | Telephone<br><b>(202) 223-7017</b> | E-mail (optional)<br><b>mfjorge@mfjint.com</b> | 5. Senate ID #<br><b>59331-137</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Gonzalo Sanchez de Lozada</b>   |                                    |  | 6. House ID #<br><b>35310006</b>   |

**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 Lobbyi

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms   | 13. Organizations   |
|--|---|
| <p><b>INCOME</b> 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"/> &gt;&gt; \$ <u>\$40,000.00</u><br/>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><b>EXPENSES</b> 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 type="checkbox"/> &gt;&gt; \$ _____<br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(c) Internal Revenue Code</p> |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Maria Fabiana Jorge - President** \_\_\_\_\_ Page

Registrant Name: MFJ International

Client Name: Gonzalo Sanchez de Lozada

**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 FOR (one per page)
- 16. Specific Lobbying issues  
**Communications with policymakers regarding the future of democracy in Latin America. Monitoring news a**

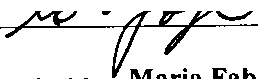
- 17. House(s) of Congress and Federal agencies contacted  Check if None  
**Executive Office of the President**  
**House of Representatives**  
**Senate**

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

| Name                        | Covered Official Position (if applicable) |
|-----------------------------|---|
| <b>Cullen, Dolores</b>      |   |
| <b>Jorge, Maria Fabiana</b> |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |

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

*Handwritten signature*

Signature  Date           

Printed Name and Title **Maria Fabiana Jorge - President** Pag