

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
---	--

sent 2/2005
 RECEIVED
 SECRETARY OF THE SENATE
 05 JUL -1 AM 11:30

LOBBYING REPORT

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

1. Registrant Name <i>National Association of Housing Cooperatives</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>1707 H St NW #201</i>			
3. Principal Place of Business (if different from line 2) City: <i>Washington</i> State/Zip (or Country) <i>DC 20006</i>			
4. Contact Name <i>Douglas M Kleine</i>	Telephone <i>202 737-0797</i>	E-mail (optional)	5. Senate ID <i>26832-</i>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <i>3244</i>

TYPE OF REPORT 8. Year *2004* Midyear (January 1-June 30) OR Year End (July 1-D

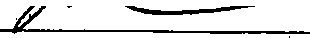
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<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:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
---	---

Signature 

Printed Name and Title Douglas M Kleiner, Executive Director

LD-2 (REV. 6/98)

Registrant Name National Association of Housing Cooperatives Client Name _____

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

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

16. Specific lobbying issues

HUD Single family/multifamily programs
HUD Appropriations
Natl Housing Trust Fund

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

House of Representatives
Senate
HUD

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

Name	Covered Official Position (if applicable)
Douglas M. Kleiner	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page

Registrant Name National Association of Housing Cooperatives Client Name _____

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

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

16. Specific lobbying issues

Section 216

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

Check if None

Senate
House

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

Name	Covered Official Position (if applicable)
<u>Douglas M. Kleine</u>	

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

Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page

Registrant Name National Association of Housing Cooperatives Client Name _____

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

15. General issue area code VE T (one per page)

16. Specific lobbying issues

VA loans for cooperatives

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

Check if None

Senate
House

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

Name	Covered Official Position (if applicable)
<u>Douglas M. Kleine</u>	

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

Check if None

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page