

Staff 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

SECRETARY OF THE SENATE
LOBBYING REPORT

04 MAR -3 PM 12:16

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

1. Registrant Name Mickey Ibarra & Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1140 Connecticut Ave, NW Suite 1100, Washington, D.C., 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Mickey Ibarra	Telephone (202) 969-8777	E-mail (optional)	5. Senate ID 72177-
7. Client Name <input type="checkbox"/> Self United States Hispanic Chamber of Commerce			6. House ID 35869

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

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 Lc

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>20,000.00</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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$</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 de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

Date _____

Printed Name and Title _____

Mickey Ibarra- President

Registrant Name Mickey Ibarra & Associates, Inc. Client Name United States Hispanic Chamber of Comm

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 HCR (one per page)

16. Specific lobbying issues

Self Employed Health Care Affordability Act (H.R. 1873)

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

U.S. House

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

Name	Covered Official Position (if applicable)
Elizabeth Rodriguez	

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

Signature _____ Date _____

Printed Name and Title Mickey Ibarra- President

Form LD-2 (Rec. 4/03)

Page _____

Registrant Name Mickey Ibarra & Associates, Inc. Client Name United States Hispanic Chamber of Comm

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 c 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 50th Anniversary Reauthorization Act of 2003 (S. 1372)

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

U.S Senate

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

Name	Covered Official Position (if applicable)
Mickey Ibarra	Asst. to the President- Intergovernmental Affairs

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

Signature _____ Date _____

Printed Name and Title Mickey Ibarra- President

Form UD-2 (Rev. 4/03)

Page _____

Registrant Name Mickey Ibarra & Associates, Inc. Client Name United States Hispanic Chamber

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

20. Client new address
not applicable

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
not applicable

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 (city and state)
not applicable		

26. Name of each previously reported organization that is no longer affiliated with the registrant or cli
not applicable

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contril for lobbying activ
not applicable			

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

not applicable

Signature



Date

2-13-20

Printed Name and Title

Mickey Ibarra- President