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City State Zip Code Country City State/Zip or Country 4a. Contact Name b. Telephone number c. E-mail Prefix Full Name Mr. Thomas P. Hogan 202-434-8918 thogan@fscapitol.com 7. Client Name Seif VMS TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)	l. Registrant name				
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Registrant Name	F/S Capitol Consulting,	LLC	Client Name VMS
ngaged in lobby	CTIVITY. Select as miring on behalf of the clicequested. Attach addition	ent during the repo	ssary to reflect the general issue areas in which the r rting period. Using a separate page for each code eded.
15. General issue	e area code DOC - Dist	rict of Columbia	(one per page)
16. Specific lobb	ying issues	A	dd page to continue specific issues description for this issue
Transportatio	n		
	Congress and Federal a	gencies contacted	Check if None
18. Name of each	ch individual who acted Name Last Name Hogan	I as a lobbyist in th	is issue area Add a page to continue additing lobbyists for to Covered Official Position (if applicable)
John	Hogan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Carolyn	Murray		
Karen	Sierpina		
19. Interest of e	each foreign entity in th	ne specific issues l	sted on line 16 above 🔀 Check if None

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15. General issue	e area code TRA - Tran	sportation	(one per page)
16. Specific lobb	ying issues	۵	dd page to continue specific issues description for this issue
Asset Manag	ement		
	Congress and Federal a presentatives; Senate	gencies contacted	Check if None
18. Name of eac	h individual who acted	as a lobbyist in the	···
First Name Thomas	Name Last Name Hogan	Suffix	Covered Official Position (if applicable)
John	Hogan		
Carolyn	Миггау		
Karen	Sierpina		
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