

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
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**LOBBYING REPORT**

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

1. Registrant Name Capitol Partners, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 601 Pennsylvania Avenue NW Suite 900			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20004			
4. Contact Name Jonathan Orloff	Telephone (202) 220-3181	E-mail (optional)	5. Senate ID # 70016
7. Client Name <input type="checkbox"/> Self Lumidigm			6. House ID # 35174

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December 31) 
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"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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"><b>13. Organizations</b></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"/> ⇒ \$ _____ 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"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Printed Name and Title

Jonathan Orloff, Principal



Registrant Name Capitol Partners, Inc. Client Name Lumidigm

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

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

16. Specific lobbying issues

Follow programs relating to support of "biometric" development.

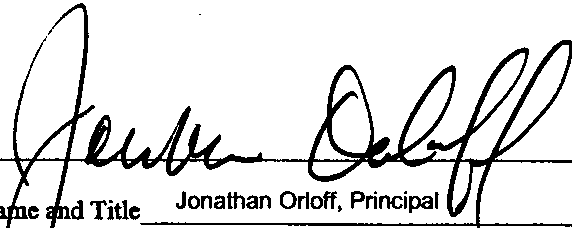
17. House(s) of Congress and Federal agencies contacted  Check if None

Department of Justice/NIJ

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

Name	Covered Official Position (if applicable)
Jonathan Orloff	
William Cunningham	

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

Signature  Date 1/7/03  
Printed Name and Title Jonathan Orloff, Principal



Registrant Name Capitol Partners, Inc. Client Name Lumidigm

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

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

16. Specific lobbying issues

Follow programs relating to support of "biometric" development.

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

Department of Justice/NIJ

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

Name	Covered Official Position (if applicable)
Jonathan Orloff	
William Cunningham	

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

Signature *Jonathan Orloff* Date 1/7/03  
Printed Name and Title Jonathan Orloff, Principal

