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### LOBBYING REPORT

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

1. Registrant Name <b>CAPITOL STRATEGIES</b>	
2. Address <input type="checkbox"/> Check if different than previously reported <b>4201 Wilson Blvd, #110-C</b>	
3. Principal Place of Business (if different from line 2) City: <b>ARLINGTON</b> State/Zip (or Country) <b>VA 22203</b>	
4. Contact Name <b>HONEY TRIPP</b>	Telephone <b>703 358 9570</b>
5. Senate ID # <b>8156 48</b>	
7. Client Name <input type="checkbox"/> Self <b>NYSCOBA</b>	6. House ID # <b>33777003</b>

TYPE OF REPORT 8. Year \_\_\_\_\_ 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 **2/3/01**

11. No Lobbying Activity

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

<p><b>12. Lobbying Firms</b></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"/> <b>\$ 20,000</b>  <small>Income (nearest \$20,000)</small></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>13. Organizations</b></p> <p>EXPENSES 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"/> <b>\$ _____</b>  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature *Mary M. Tripp*

Printed Name and Title MARY M. TRIPP PARTNER

Registrar Name Capitol Strategies Client Name AVSCOPBA

**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 Law (one per page)

16. Specific lobbying issues

Privacy  
Prison funding  
Privatization  
Training

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

House  
Senate  
Dept of Justice

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

Name	Covered Official Position (if applicable)	New
<u>MARY TRIPP</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Mary M. Tripp Date 2-9-01

Printed Name and Title MARY M. TRIPP PARTNER