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**CAPITAL  
PARTNERSHIPS**

11350 Random Hills Road, Suite 800  
Fairfax, Virginia 22030  
Phone: 703-620-4914  
Fax: 703-620-4709

**MEMORANDUM**

To: Secretary of the Senate  
Office of Public Records

From: Robin Angle

Date: 02/20/01

**RE: Previous Years Lobby Reports**

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It was called to my attention last week via a telephone conversation with your office that past lobby reports may be missing from our file. I am enclosing copies of mid-year 99, end-year 99 and mid-year 00 lobby reports. Please let me know if there is more that you need. Thanks for bringing it to our attention.

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 <u>Capital Partnerships (VA) Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Ken Butler</u>	Telephone <u>703-620-4914</u>	E-mail (optional) <u>KBButler@enr1s.com</u>	5. Senate ID # <u>8087-75</u>
7. Client Name <input type="checkbox"/> Self <u>North metro Mayors Coalition</u>			6. House ID # <u>31015003</u>

TYPE OF REPORT 8. Year 00 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 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"/> ⇔ \$ <u>20,000</u>  <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"/> <u>NA</u></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____  <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 checked="" type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  <u>NA</u></p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature \_\_\_\_\_

Printed Name and Title Ken Butler, Sr. Principal

Registrant Name Capital Partnerships Client Name North Metro Mayors Coalition

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 TRA (one per page)

16. Specific lobbying issues  
FY 01 DOT Appropriations

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

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

Name	Covered Official Position (if applicable)	New
<u>Ken Butler</u>		<input type="checkbox"/>
<u>Robin Angle</u>		<input type="checkbox"/>
<u>Michael Holland</u>		<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 [Signature] Date 8/2/00  
Printed Name and Title Ken Butler, Sr. Principal

Registrant Name Capital Partnerships Client Name North Metro Mayor Coalition

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

20. Client new address

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 client

**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 of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

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

Signature [Signature] Date 8/2/06

Printed Name and Title KEVIN BUTLER, Sr. Principal

Form 10-2 (Rev. 08/05)