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LOBBYING REPORT

1. Registrant name			
Organization Sheadowin	Coultante	_	
2. Address Check if different than pre	viously reported		
Address 18029 MOLLY OAKS	Court		
City Viewa	State VA.	Zip Code 22182-4	-029 Country U
3. Principal place of business (if different than line 2))		***************************************
City City	State State/Zip or Coun	Zip Code try	Country
4a. Contact Name b. Telepho Prefix Full Name	one number	c. E-mail	5. Senate ID#
Mr. Phillip Theodosin 5712 7. Client Name Self	129480 thegu	sekseratu Baol	5462 6. House ID#
The Blue Ridge Foundary	tu		3567306
7. Check it this fitting amends a previously fried vers	ion of this report		
9. Check if this filing amends a previously filed version. Check if this is a Termination Report INCOME OR EXPENSES - Comple	Termination Date 1-3		11. No Lobbying Ac
10. Check if this is a Termination Report	Termination Date 1-3		
10. Check if this is a Termination Report INCOME OR EXPENSES - Comple 12. Lobbying Firms	Termination Date 1-3	ine 13	nizations
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Printed Name and Title Tuil

Registrant Name <u>Theodosin Coult</u>	but Client Name The Blue
	les as necessary to reflect the general issue areas in which the general issue areas in the general issue areas in the general issue areas in the general issue are general issue areas in the general issue are gene
15. General issue area code	(one per page)
16. Specific lobbying issues	Add page to continue specific issues description for this issue
NA	
17. House(s) of Congress and Federal agencies of	contacted Check if None
 Name of each individual who acted as a lobb Name First Name Last Name Suffi 	Covered Official Position (if applicable)
Philip Theodosin	Rudit
19. Interest of each foreign entity in the specific	c issues listed on line 16 above Check if None

Add a page for a difi



LD-2DS (REV. 4/03)

Page _

Registrant Name	headosi Gu	ultur Client	Name The Bl	ue lidge Ima	las
Information Uj	pdate Page - Compl	ete ONLY where reg	sistration infor	mation has change	d.
20. Client new addr	ess				
		State	Zip Code	Countr	r.,
City 21 Client new print	cipal place of business (if d		Zip Code	Count	
•	orpar prace or ousmess (ii a	State	Zip Code	Count	rυ
City 22. New general de	scription of client's busines				•J
LOBBYIST UP			a compared to out	oo o labbuist for the ol	l'aut
23. Name OT each First Name	previously reported indiv	Suffix	First Name	AS A TODDY IST FOR THE CI Last Name	nent
1		3			
2		4			
ISSUE UPDATI	E		Find the code to	select below.	
24. General lobby	ing issues that no longer	pertain			
	ORGANIZATIONS ving affiliated organization	in(c)			
	ame	Address		Principal place of Busin (city and state or coun	

	Address			City	
	C/S/Z Address			- "	intry
	C/S/Z		ŀ	City State	
26. Name of each	previously reported orga	nization that is no long	er affiliated with	the registrant or clien	
1	2		3		
FOREIGN ENT 27. Add the follow	FITIES ving foreign entities	_			
Name	Street Address City Stat	. Y	al place of business ad state or country)	Amount of contribution for lobbying activities	C P
		City			
		State	Country		
28. Name of each p affiliated organiz	reviously reported foreign ozation	entity that no longer own	s, <u>or</u> controls, <u>or</u> is	affiliated with the regi	stran
	3			3	
2	4		[4	_	
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