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 SECRETARY OF THE SENATE
 01 MAY 16 PM 4 46

LOBBYING REPORT

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

1. Registrant Name PATRISON FULTON			
2. Address <input type="checkbox"/> Check if different than previously reported 3910 CHANSHVILLE RD			
3. Principal Place of Business (if different from line 2) City: OWINGS State/Zip (or Country) MD 20236			
4. Contact Name SAMS		Telephone 301.855.2324	5. Senate ID #
7. Client Name <input type="checkbox"/> Self SACRAMENTO REGIONAL TRANSIT DISTRICT			6. House ID #

TYPE OF REPORT 8. Year 2000 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>12. Lobbying Firms</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 type="checkbox"/> ⇨ \$ <u>25,000</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>13. Organizations</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"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. 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>

Signature *[Signature]*

Printed Name and Title PATRISON FULTON - SOCS PROPRIETOR

Registrant Name _____ Client Name _____

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

TRANSPORTATION AUTHORIZATION & APPROPRIATIONS
(TRANSIT)

17. House(s) of Congress and Federal agencies contacted

Check if None

HOUSE TRANSPORTATION COMMITTEE
SENATE BANKING COMMITTEE
HOUSE + SENATE APPROPRIATIONS


U.S. DEPARTMENT OF TRANSPORTATION
(FEDERAL TRANSIT AGENCY)

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

Name	Covered Official Position (if applicable)	New
SELF		<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  Date May 16, 2001
Printed Name and Title PATISON FULTON - SOLE PROPRIETOR

