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LOBBYING REPORT

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

1. Registrant name			
Organization	Capitol Coalitions, Inc.		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	509 C Street, NE		
City	Washington	State	DC
		Zip Code	20002
			Country USA
3. Principal place of business (if different than line 2)			
City		State	
		Zip Code	
		Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Brett Scott	202-546-3800	brett@capitolcoalitions.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Blowing Rock Cultural Arts Center Foundation			
			6. House ID #
			34934029

TYPE OF REPORT 8. Year 2005 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 align="center">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 checked="" type="checkbox"/> ⇨ \$ <u>30,000</u></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">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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</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 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Form 2780

Printed Name and Title Brett Scott, President

3000092247


Registrant Name Capitol Coalitions, Inc.

Client Name Blowing Rock Cultural Arts Center Four

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg 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 - Budget/Appropriations (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue 

VA-HUD and Independent Agencies appropriations

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

US House of Representatives
US Senate
FCC

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Brett	Scott		
Amy	Mehlman		

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

Add a page for a differer

Printed Name and Title Brett Scott, President

3000092248

Registrant Name Capitol Coalitions, Inc.

Client Name Blowing Rock Cultural Arts Center Four

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

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State
		Country

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owies percer client.
	City	State/Province	Country		
			City		
			State		
			Country		

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

1

3

5

2

4

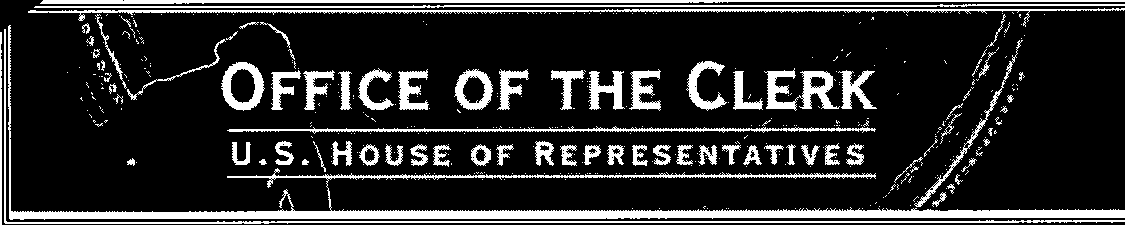
6

Add a page for more up

Printed Name and Title Brett Scott, President

000092249





Lobbying Disclosure Electronic Filing

Submission Status: Received

Receipt Confirmation Code: 100013773

This receipt confirms that we have received the electronic filing you've submitted. After the filing is processed, you will be notified (via email) about the status of your filing.

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