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

SECRETARY OF THE SENATE

## 05 AUG 12 PH 2: 46 LOBBYING REPORT

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

1. Registrant name			
Capitol Coalitions, Inc.			
2. Address Check if different than previously reported	***************************************	***************************************	······································
509 C Street, NE			
Washington	DC	20002	USA
3. Principal place of business (if different than line 2)			
	Zip or Country		
4a. Contact Name b. Telephone number	c. E-mail		5. Senate ID#
	tt@capitolcoalitior	is.com	
7. Client Name Self  Blowing Rock Cultural Arts Center			6. House ID#
Blowing Rock Cultural Arts Center			34934029
10. Check if this is a Termination Report    ⇒ Termination Dat  INCOME OR EXPENSES - Complete Either Line			11. No Lobbying Activity
INCOME OR EXPENSES - Complete Either Line  12. Lobbying Firms	12 OR Line 13	***************************************	
15. Organ		_	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relat were:	ing to lobbying ac	tivities for this reporting peric
Less than \$10,000	Less than \$10,000		
\$10,000 or more × \$ 30,000	\$10,000 or more	□ ⇒ \$	
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.		
	Method A. Reporting amounts using LDA definitions only  Method B. Reporting amounts under section 6033(b)(8) of the		
	Internal Revenue Code  Method C. Reporting amounts under section 162(e) of the Inter Revenue Code		
	<u></u>	<del>NS</del> I.	Edit >
Signature	Date		
Printed Name and Title Brett Scott, President			

✓ Page 1 of \_\_\_

Registrant Name Capitol Coalitions, Inc.	Client Name Blowing Rock Cultural Arts Center
LOBBYING ACTIVITY. Select as many codes as engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) a	necessary to reflect the general issue areas in which the reg reporting period. Using a separate page for each code, p is needed.
15. General issue area code BUD - Budget/Appropriati	ions (one per page)
16. Specific lobbying issues	
secure appropriations for construction of a cultural a	arts center
17. House(s) of Congress and Federal agencies contac	eted Check if None
US House of Representatives US Senate	
18. Name of each individual who acted as a lobbyist in	1
Name brett scott	Covered Official Position (if applicable)
amy mehlman	
19. Interest of each foreign entity in the specific issues  Signature	
Filing #d11681dd-8ec3-43b6-8cc2	Date

Printed Name and Title Brett Scott, President

LD-2DS (REV. 4/03)

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	late Page - Comple	te ONLY where registration in	formation has change	ed
20. Client new address	5		To the training	<u></u>
21. Client new princip	al place of business (if dif	Forent than line 20)		
City	au piace or business (ii uii	State/Zip		
	iption of client's business	***************************************		
LOBBYIST UPDA 23. Name of each pre		dual who is <b>no longer</b> expected to a	act as a lobbyist for the c	lient
amy	mehlman	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
ISSUE UPDATE				
24. General lobbying	issues that no longer po	ertain		
AFFILIATED OR				
Name	gaffiliated organization(	S) Address	Principal place of F	Business
			(city and state or country)	
26 Name of each pro-	viously associated associa	and a land a		
20. Name of each pre-	viously reported organiz	zation that is <b>no longer</b> affiliated wi	ith the registrant or clien	t
FOREIGN ENTIT 27. Add the following				
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage client
			•	
28. Name of each previo	ously reported foreign enti	ty that <b>no longer</b> owns, <u>or</u> controls, <u>or</u>	is affiliated with the regist	rant, client
28. Name of each previo	ously reported foreign enti	ty that <b>no longe</b> r owns, <u>or</u> controls, <u>or</u>	is affiliated with the regist	rant, elient
28. Name of each previo	ously reported foreign enting	ty that <b>no longe</b> r owns, <u>or</u> controls, <u>or</u> Date	is affiliated with the regist	rant, elient

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