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LOBBYING REPORT

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

1. Registrant Name Capitol Impact, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 499 S. Capitol Street, SW Suite 600 Washington, D.C. 20003			
3. Principal Place of Business (if different from line 2) same City: _____ State/zip (or Country) _____			
4. Contact Name Marjorie Strayer	Telephone (202) 289-9881	E-mail (optional) mstrayer@livingstongroupdc.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self The Livingston Group, LLC (South Florida Museum)			6. House ID #

TYPE OF REPORT 8. Year 2004 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</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>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"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defined accounting method.</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature _____ Date _____

Printed Name and Title _____

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Capitol Impact, LLC Client Name The Livingston Group, LLC (South Florida Mus

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

FY05 Appropriations

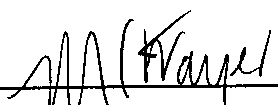
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate
U.S. House

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

Name	Covered Official Position (if applicable)
Marjorie Strayer	

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

Signature  Date 8/13/04

Printed Name and Title ^{1 v} Marjorie Strayer, President

Form LD-2 (Rev. 4/03)

Page 2