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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 Tax Partners, LLP.				
2. Registrant Address	nt than previously reported State/Zip (or Country)	Suite 665 East DC 20001		
3. Principal Place of Business (if different from	line 2)			
City	State/Zip (or Country)			
4. Contact Name  Jonathan Talisman	•	ail (optional) 5. Senate ID # sman@capitoltax.com		
7. Client Name  Self The Copley Press, Inc.		6. House ID #		
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Signature / DIHO H	Date 2/10/2004
Printed Name and Title Jonathan Talisman - Partner	Pag

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ngaged in lobbyi: aformation as req	ng on behalf of the c uested. Attach addit	client during the reporting tional page(s) as needed.	to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
5. General issu	e area code TAX	(one per page)	
6. Specific Lob	Tax	ral agencies contacted	★ Check if None
18 Name of ea	ich individual who a	cted as a lobbyist in this	issue area
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18. Name of ea	ich individual who a	cted as a lobbyist in this	Covered Official Position (if applicable)
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M Check if None

19. Interest of each foreign entity in the specific issues listed on line 16 above

Signature / Marker Flt	Date 2/10/2004
Printed Name and Title Jonathan Talisman - Partner	F