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LOBBYING REPORT

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

1. Registrant Name Countal Concepts		
2. Address Check if different than previously reported		
1050 17th Street, NW	Suite 701	
3. Principal Place of Business (if different from line 2)		
City: Nashington State/	Zip (or Country) DC 2003 (o	
4. Contact Name () Telephone	E-mail (optional) 5. Senate ID #	
Kathy Hamor 202-223-2630	Khamoremindspring.com 8065-1	
7. Client Name Self	6. House ID#	
Lockheed Martin Heromantical	312 120	
TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dece		
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9. Check if this filing amends a previously filed version of this	report	
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10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either	Date 11. No Lobbying Line 12 OR Line 13	
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10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this representation of the second sec	
10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$\frac{4}{5},600	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this representation were: Less than \$10,000	
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INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ \$ \$\frac{4}{5},600\$ Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this representation were: Less than \$10,000 \$10,000 or more \$\sum_{\text{Expenses (nearest \$20,00)}}\$ 14. REPORTING METHOD. Check box to indicate	
10. Check if this is a Termination Report □ ⇒ Termination INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$ 15,600	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this representation were: Less than \$10,000 \$10,000 or more \$\Begin{array}{c} \sum_{\text{Expenses}} \text{(nearest \$20,00)} \] 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of	
INCOME OR EXPENSES - Complete Either 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more □ ⇒ \$\frac{\psi}{15,600} \bigcolumn{2}{ c c c c c c c c c c c c c c c c c c c	Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this represented were: Less than \$10,000 \$10,000 or more Expenses (nearest \$20,00) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 603:	

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Printed Name and Title Wathy V. Hamor President

LD-2 (REV. 6/98)

P.

Registrant Name Capital Concepts Client 1	Name Lockheed Martin	
LOBBYING ACTIVITY. Select as many codes as necessengaged in lobbying on behalf of the client during the repoinformation as requested. Attach additional page(s) as needs	rting period. Using a separate page for each code	
15. General issue area code AVI (one per page)		
16. Specific lobbying issues Funding for the modification of Interdiction and home	f P-B aircraft used in a cland security	
17. House(s) of Congress and Federal agencies contacted US House of Representative US Senate US Department of Homelan		
18. Name of each individual who acted as a lobbyist in this issue area		
Name Kathy Hamor	Covered Official Position (if applicable)	
······································		
19. Interest of each foreign entity in the specific issues listed on	line 16 above Check if None	
Signature (attu) (. Hame) Filing #f7b713db-60aa-4370-967d-aa0a528	Date 2/3/04 Bea3ed - Page 3 of 4	

Printed Name and Title VILTRY UNCLEASE 1 1 E SICIENT

Form LD-2 (Rev.6/98)