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
04 AUG -4 PM 1:05

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 6/30/

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name CAPITOL COALITIONS INC

Address 509 C STREET, NE

City WASHINGTON State DC Zip 200

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 546-3800 Contact BRETT SCOTT E-mail (optional)

6. General description of registrant's business or activities

GOVERNMENT RELATIONS / LOBBYING

CLIENT

A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists s

☐ *Self* *labeled "Self" and proceed to line 10.*

7. Client name MOBILE SATELLITE VENTURES, LP

Address 10802 PARKRIDGE BLVD.

City RESTON State VA Zip

8. Principal place of business (if different from line 7)

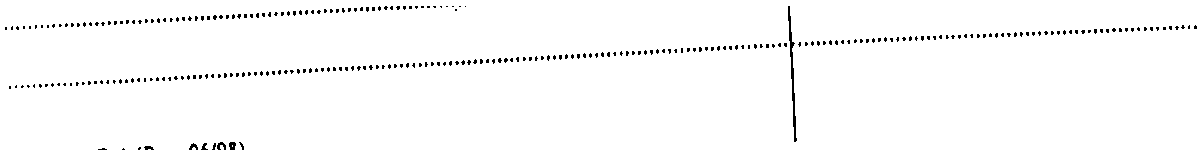
City State/Zip (or Country)

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. I this section has served as a "covered executive branch official" or "covered legislative branch official" wi acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person serv*

Name	Covered Official Position (i
BRETT SCOTT	
Amy Mittelman	



Form LD-1 (Rev. 06/98)

Registrant Name CAPITOL COALITIONS Client Name MOBILE SATELLITE VENTU

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form L

TEC

12. Specific lobbying issues (current and anticipated)

SPECTRUM ALLOCATION / REBANDING ISSUES

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobby

☐ No ⇨ Go to line 14.

☐ Yes ⇨ Complete the rest of this section for each er the criteria above, then proceed to line 14.

Name	Address	Principal Place of (city and state or

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 1
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance activities of the client or any organization identified on line 13; or
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest of the lobbying activity?

☐ No ⇨ Sign and date the registration.

☐ Yes ⇨ Complete the rest of this section f matching the criteria above, then s registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution fo lobbying activiti

Date 8/2/2

Signature _____ Date _____

Printed Name and Title BRETT SCOTT PRESIDENT

Form LD-1 (Rev. 06/98)