GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

■ Original
☐ Amendment

LOBBYIST ACTIVITY REPORT *

(See next page for instructions) ID# LOB00051502

Type of Report: ■ January 10th If you are filing a January Report please indicate whether you intend to lobby in the upcoming calendar year. ■ Yes ☐ No

☐ July _____

1. (a) Registrant's Name Enhanced Capital Partners (b) Daytime Phone Number 504-569-7900

(c) Permanent Address 201 St. Charles Avenue, Suite 3700, New Orleans, LA 70170
(Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying) n/a
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name American Management Corporation
Address 1455 Pennsylvania Ave, NW, Suite 400
(Street Address)
Washington, DC 20004
(City, State, Zip Code)
Daytime Phone Number 202-280-6364

(b) Name _____
Address _____
(Street Address)
_____
(City, State, Zip Code)
Daytime Phone Number _____

3. Person Compensating Registrant

(a) Name Enhanced Capital Partners (b) Daytime Phone Number 504-569-7900

(c) Address 201 St. Charles Avenue, Suite 3700, New Orleans, LA 70170
(Street Address) (City, State, Zip Code)

(d) Nature of Business Government Affairs Consulting - DC Certified Capital Company Program (DC CAPCO)

4. Terms of Compensation: (a) Monthly Retainer (Salary) (b) Indefinite (Duration of Employment)

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

DC Certified Capital Company Program (DC CAPCO)

*** REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.**

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Rev. 12/2012

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name None Date

Name Date

Name Date

Name Date

Name Date

Name Date

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: $ (Schedule A)
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: $ (Schedule A-1)
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: $ (Schedule A-2)
10. Total receipts (Add Lines 7, 8, and 9) $
11. Total of expenditures made for purposes of lobbying during the reporting period: (Schedule B) $
12. Total of other expenditures related to lobbying activities: (Schedule B-1) $ 18,000.00
13. Total expenditures (Add Lines 11 and 12) $ 18,000.00

BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE___OF ___

SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: N/A

Type of Report: ☐ January _____ ☐ July_____

Period Covering:_____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S NAME:_____

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
$	$				$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
$	$				$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
$	$				$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION					
$	$				$	$
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					$	$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
(SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE___OF ___
SCHEDULE A-1 -- LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: N/A

Type of Report: ☐January _____ ☐July_____

Period Covering:_____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S NAME:_____

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
$	$	$	$	$	$	$	$

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
$	$	$	$	$	$	$	$

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
$	$	$	$	$	$	$	$

EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES		
$	$	$	$	$	$	$	$

TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)	$	$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE NEXT PAGE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE___OF ___

SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST

YEAR: N/A

Type of Report: ☐ January _____ ☐ July_____

Period Covering:_____ through _____

LOBBYIST/EMPLOYEE LOBBYIST NAME:_____

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .

EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN
LOAN						
$	$	$	$		$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
$	$	$	$		$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
LOAN						
$	$	$	$		$	$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER TOTAL					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
$	$	$	$		$	$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					$	$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE___OF ___

SCHEDULE B – EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST

YEAR: N/A

Type of Report: ☐ January _____ ☐ July_____

Period Covering:_____ through _____

COMPENSATING REGISTRANT'S NAME:_____

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT OF COLUMBIA.

DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
		TOTAL EXPENDITURES PAID FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 11)	$	$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
(SEE NEXT PAGE FOR INSTRUCTIONS)

REV. 12/2012

BEGA Form

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST/COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE 1 OF 1

SCHEDULE B–1 -- OTHER EXPENDITURES

YEAR: 2013

Type of Report: ☒ January 10th ☐ July

Period Covering: 7/1/12 through 12/31/12

COMPENSATING REGISTRANT'S NAME: Enhanced Capital Partners

OTHER ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT.

DATE	NAME OF RECIPIENT	DESCRIPTION OF CONSIDERATION	TYPE OF COMPENSATION PAID (LOANS, CONTRIBUTION, GIFT, HONORARIA, ETC.)	TOTAL PAYMENT
7/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
8/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
9/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
10/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
11/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
12/1/12	American Management Corp	DC CAPCO Program Monitoring	Monthly Retainer	$ 3,000
				$
				$
				18,000

TOTAL OTHEREXPENDITURES PAID FOR LOBBYING
(CARRY TOTAL FORWARD TO LINE 12)

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B-1

☐ IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

LOBBYIST ACTIVITY REPORT
SCHEDULE C **YEAR** 2013
(See next page for Instructions)

Type of Report: [x] **January** 10th [ ] **July** _____

Covering Period 7/1/12 **through** 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Enhanced Capital Partners

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	None	

I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

Pamela W Rogers

Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign).

***The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.**

Subscribed and sworn to before me on this 9th day of January, 2013

My commission Expires: upon death

Jeffer P. Good
Notary Public
Jeffery Phillips Good
Notary Public
LA Bar Number 33155
My Commission is for Life