

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

Year 2013

Non-Profit  For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

AMENDMENT

Filing Fee Enclosed  \$250.00  
 \$50.00

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)  
(e) E-Mail Address progers@enhancedcap.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name American Management Corporation (b) Name \_\_\_\_\_  
Address 1455 Pennsylvania Avenue NW, Suite 400 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington DC 20004 (City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number 202-280-6364 Daytime Phone Number \_\_\_\_\_  
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

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(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 (b) Indefinite  
(Salary) (Duration of Employment)  
 If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter 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)

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

Parvula 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 9<sup>th</sup> day of December January, 2013.

Jeffery P. Good  
Notary Public

My Commission Expires: upon death

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