

| | |
|---|--|
| 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 |
|---|--|

RECEIVED
SECRETARY OF THE SENATE
Page 13

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Report

| | | | |
|---|---------------------------------|---|----------------------------|
| 1. Registrant Name Capitol Associates, Inc. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 426 C Street, NE, Washington, DC 20002 | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name Debra M. Hardy Havens | Telephone (202) 544- 1880 | E-mail (optional) dh@capitolassociates.c om | 5. Senate ID # 8101-292 |
| 7. Client Name <input type="checkbox"/> Youth Network Council <input checked="" type="checkbox"/> Self | | | 6. House ID 30813007 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|---|--|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p> |
|---|--|

Signature Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

PAGE 1 of _

Registrant Name Capitol Associates, Inc.

Client Name Youth Network Council

00000470891

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Monitor and track programs related to youth.

H.J. RES. 2: Joint Resolution making consolidated appropriations for the fiscal year ending September 30, 2003, a purposes.

H.R. 246: Making appropriations for the Department of Labor, Health and Human Services and Education and related the fiscal year ending September 30, 2003 and for other purposes.

H.R. 2660/ S. 1356: Department of Labor, Health and Human Services, Education and Related Agencies Appropriations Act 2004, Title II

H.R. 2673: FY 2004 Consolidated Appropriations bill.

H.J. Res 82: Continuing appropriations through 1/31/2004.

H.J. Res 79: Continuing appropriations through 1/31/2004.

H.J. Res 78: Continuing appropriations through 11/23/2003, as passed House, Continuing appropriations through 11/24/2003 Senate.

H.J. Res 76: Continuing appropriations through 11/21/2003.

H.J. Res 75: Continuing appropriations through 11/7/2003.

H.J. Res 73: Continuing appropriations through 11/7/2003.

H.J. Res 69: Continuing appropriations through 10/31/2003.

17. House(s) of Congress and Federal agencies contacted

Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|--------------------|---|
| Debra Hardy Havens | |

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

Check if None

Signature _____

Printed Name and Title Debra M. Hardy Havens, President

