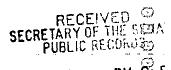
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBI Lobbying Disclosure Act of 1995 (Section 5) - All Filers a	BYING REPOI re Required to		NJ	
1. Registrant Name	·		(i)	
Capitol Associates, Inc.			CO Lia	
	<u> </u>		Çn	
2. Address				
426 C St., N.E. Washington DC 20002				
3. Principal Place of Business (if different from line 2)				
City: State/Zip (or C	Country)		T	
4. Contact Name	Telephone	E-mail (optional)	5. Senat	
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101	
7. Client Name			6. Hou	
National Association of Community Health Centers			3081	
INCOME OR EXPENSES - Complete Either Li 12. Lobbying Firms	ine 12 OR Line	13. Organizations		
INCOME relating to lobbying activities for this reporting period was:	EXPENSES period were:	relating to lobbying activities for	r this repo	
Less than \$10,000 □	Less than \$10	0,000 🗆		
\$10,000 or more ⊠ ⇒ \$ <u>60,000</u>	\$10,000 or m	\$10,000 or more $\square \Rightarrow \$$ Expenses (nearest \$20,000)		
		FING METHOD. Check box to ethod. See Instructions for descriptions		
	☐ Method	A. Reporting amounts using LDA	definitio:	
	☐ Method	B. Reporting amounts under sec the Internal Revenue Code	ction 6033	
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).	☐ Method	C. Reporting amounts under sec Internal Revenue Code	ction 162(

Signature & L . M. Hardy Hurst Filling #2518c04a-8eb4-4868-8511-6c76cfbb26c2 - Page 1 of 8 Printed Name and Title <u>Debra M. Hardy Havens, CEO</u> Form LD-2 (Rev. 06/98)

PAGE 1

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Registrant N	ame <u>Capitol</u>	Associates, Inc.	Client Name	National Association of Community Hea ⊕ ⊕
in lobbying o	n behalf of the cli-	ct as many codes as nece ent during the reporting page(s) as needed.	essary to reflect to period. Using a s	ne general issue areas in which the registra eparate page for each code, providedate ട ്ര
15. General	issue area code	BUD		<u>्</u> छ
16. Specific	lobbying issues			CO A4. 1~1
	RES.2 : Joint Res er purposes.	solution making consolid	ated appropriation	s for the fiscal year ending September 30, 2
H.R rela	246: Making apted agencies for t	ppropriations for the De he fiscal year ending Se	partments of Lab ptember 30, 2003	or, Health and Human Services, and Edu, and for other purposes.
H.R	s. 2660/ S. 1356			Human Services, Education and Relate apport for health services programs
17. House(s	s) of Congress an	d Federal agencies con	tacted	☐ Check if None
Hol Ser HH	nate			
18. Name c	of each individual	who acted as a lobbyi	st in this issue ar	ea
		Name		Covered Official Position (if applicable)
Edward Lo	ong, Senior Vice	President		
Katie Wey	forth, Associate			
····				
19. Interes	t of each foreign o	entity in the specific issu	es listed on line 1	6 above 🖾 Check if None
Signature				
Printed Na	me and Title <u>De</u>	bra M. Hardy Havens, C	DEO .	

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Registrant Name_	Capitol Asse	ociates, Inc.	Client Na	ame	National Association of Community Hea
·					9
					9
LOBBYING ACTIV	/ITY. Select:	as many codes as r	necessary to ref	lect th	ne general issue areas in which the regi <u>s</u> tra
in lobbying on beha	alf of the clier	t during the reportir	ng period. Usi n	ıg a s	eparate page for each code, provide info
requested. Attach	additional pa	ige(s) as needed.			©
,					M
15. General issue	area code	<u>MMM</u>			~4
					9
					(J)
16. Specific lobbyi	ng issues				£3.
S, 1/H.R.	4	Prescription Drug	and Medicare	lmnro	ovement Act of 2003
3 , //п.к.	. —	Entire Bill – Increa	ased support fo	r the	bill, Tracked and monitored its progress
H.R. 1377	/S. 654 -	The Medicare Sa Entire Bill - Work			
17. House(s) of Co	ongress and	Federal agencies c	contacted		☐ Check if None
Senate					
House					
	nt of Health	and Human Service	es		
·					
18 Name of each	individual wh	no acted as a lobby	rist in this issue	агеа	1
		•			
	N.I.			_	overed Official Position (if applicable)
	INC	ame			Overed Official F Collicit (ii applicable)
Edward Long, Vi	ice President				
					Mary -
Katie Weyforth,	Associate				
	 				
			[
10 Interest of ear	ch foreign en	tity in the specific is	ssues listed on l	line 1	6 above
To: Intorcot of our		, p			
Signature					
Printed Name and	d Title <u>Debr</u>	<u>a M. Hardy Havens</u>	<u>s, CEO</u>		
Form LD-2 (Rev.	06/98/				PAGE <u>3</u> of <u>4</u>
LOITH FD-5 (VEA.	00/80/				· · · · · · · · · · · · · · · · · · ·

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Registrant Name Capite	ol Associates, Inc.	Client Name_ <u>Albert</u>]	Einstein Medical Center	(3) (3)
Information Upda	te Page - Complete ON	NLY where registration informati	on has changed.	(9 (9
20. Client new address	·*			り い
21 Client new principal p	lace of business (if different	from line 20)		9
City		State/Zip (or Country)		ÇU Ja
	on of client's business or ac	tivities		<u> </u>
23. Name of each previous Communication Denise Giuliano ISSUE UPDATE	iously reported individual	who is no longer expected to ac	t as a lobbyist for the client	
· · · · · · · · · · · · · · · · · · ·	ues previously reported th	nat no longer pertain		
AFFILIATED ORGA 25. Add the following af				
Name	;	Address Principal Place (city and state		
26. Name of each previous FOREIGN ENTITIE 27. Add the following for	SS	on that is no longer affiliated with	the registrant or client	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownersi percenta client
28. Name of each previous or affiliated organization		tity that no longer owns, <u>or</u> cont	l rols, <u>or</u> is affiliated with th	e registra
Signature	<u> </u>	Date		
Printed Name and Title	Debra M. Hardy Ha	vens, CEO		
Form I D-2 (Rev. 6/98)			Page 4	of 4