

LOBBYING REPORT

00 AUG 11 PM 2:30

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

|                                                                                                                               |                                 |                                                   |                                |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|--------------------------------|
| 1. Registrant Name<br><br>Capitol Associates, Inc.                                                                            |                                 |                                                   |                                |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br><br>426 C Street, NE, Washington, DC 20002 |                                 |                                                   |                                |
| 3. Principal Place of Business (if different from line 2)<br><br>City: _____ State/Zip (or Country) _____                     |                                 |                                                   |                                |
| 4. Contact Name<br><br>Debra M. Hardy Havens                                                                                  | Telephone<br><br>(202) 544-1880 | E-mail (optional)<br><br>dh@capitolassociates.com | 5. Senate ID #<br><br>8101-556 |
| 7. Client Name <input type="checkbox"/> Self<br><br>University of Pennsylvania School of Dental Medicine                      |                                 |                                                   | 6. House ID #<br><br>30813031  |

TYPE OF REPORT 8. Year 2000 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

| 12. Lobbying Firms                                                                                                                                                                                                             | 13. Organizations                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INCOME relating to lobbying activities for this reporting period was:                                                                                                                                                          | EXPENSES relating to lobbying activities for this reporting period were:                                                                                                                                                                                                                                                                                                                                                                   |
| Less than \$10,000 <input type="checkbox"/>                                                                                                                                                                                    | Less than \$10,000 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                |
| \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>100,000</u><br>Income (nearest \$20,000)                                                                                                                          | \$10,000 or more <input type="checkbox"/> ⇒ \$ _____<br>Expenses (nearest \$20,000)                                                                                                                                                                                                                                                                                                                                                        |
| 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). | 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.<br><br><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only<br><br><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code<br><br><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code |

Signature

*Debra M. Hardy Havens*

Printed Name and Title Debra M. Hardy Havens, CEO

Registrant Name Capitol Associates, Inc. Client Name University of Pennsylvania School of Dental Medicine

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

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

16. Specific lobbying issues

H.Con.Res290, Concurrent Resolution on the Budget, Fiscal Year 2001, Conference Report

H.R.4577, Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations 2001  
Title II - tracked & monitored funding for DHHS

S.2553, Departments of Labor, Health and Human Services, Education and Related Agencies Appropriations 2001  
Title II - tracked & monitored funding for DHHS

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House  
Senate  
DHHS

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

| Name        | Covered Official Position (if applicable) | New                      |
|-------------|-------------------------------------------|--------------------------|
| Edward Long |                                           | <input type="checkbox"/> |
| Ronnie Tepp |                                           | <input type="checkbox"/> |
|             |                                           | <input type="checkbox"/> |
|             |                                           | <input type="checkbox"/> |

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, CEO

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Marguerite Donoghue Baxter and Sara Milo  
Name Change: Ronnie Kevner to Ronnie Tepp

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business<br>(city and state or country) |
|------|---------|------------------------------------------------------------|
|      |         |                                                            |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contributions<br>for lobbying activities | Ownership<br>percentage in<br>client |
|------|---------|------------------------------------------------------------|----------------------------------------------------|--------------------------------------|
|      |         |                                                            |                                                    |                                      |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Debra M. Hardy Havens, CEO