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LOBBYING REPORT

03 AUG 12 PM

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

1. Registrant Name Capitol Associates, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 426 C Street, N.E., Washington, D.C. 20002			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Debra M. Hardy Havens, CEO	Telephone (202) 544-1880	E-mail (optional) dh@capitolassociates.com	5. Sen 8101-
7. Client Name <input type="checkbox"/> Self Thomas Jefferson University Hospital			6. Hou 3081-

TYPE OF REPORT 8. Year 2003 (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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇒ \$ 40,000
Income (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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of

☐ Method A. Reporting amounts using LDA definition☐ Method B. Reporting amounts under section 6033 the Internal Revenue Code☐ Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature

Printed Name and Title Debra M. Hardy Havens, President

Registrant Name Capitol Associates Client Name Thomas Jefferson University Hospital

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

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

16. Specific lobbying issues

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

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

H.R. 2660 /S. 1356 Making Appropriations for the Department of Labor, Health and Human Services, and Related Agencies for Fiscal Year 2004; Title II - Secure support for health program.

H.R. 2658/S. 1382 Making Appropriations for the Department of Defense for Fiscal Year 2004; Title I - Support for defense services center

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

☐ Check if None

House

Senate

Department of Health and Human Services

Department of Defense

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

Name	Covered Official Position (if applicable)
Edward Long, Senior Vice President, Congressional Relations	
Katie Weyforth, Associate	
Roxanne Burnham	

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

Registrant Name Capitol Associates, Inc. Client Name Thomas Jefferson University Hospital

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

Denise Giuliano

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 (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 (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage 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

