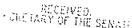
Sieck of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Printed Name and Title Debra M. Hardy Havens, CEO

Form LD-2 (Rev. 06/98)

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



PAGE 1 of 3

LOBBYING REPORT Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page #1 FEB 13 PM12. 56 1. Registrant Name Capitol Associates, Inc. 426 C Street, N.E., Washington, D.C. 20002 3. Principal Place of Business (if different from line 2) State/Zip (or Country) City: E-mail (optional) 5. Senste ID# Telephone 4. Conract Name 8101-912 (202) 544-1880 dh@capitolassociates.com Debra M. Hardy Havens, CEO 7. Client Name 6. House 1D # 🖾 Self 30813093 Temple University Hospital TYPE OF REPORT 8, Year 2000 Midyear (January Julye 30) OR Year End (July 1-December 31) X 9. Check if this filing amends a previously filed version of this report 11. No Lobbying Activity INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 13. Organizations 12. Lobbying Firms EXPENSES relating to lobbying activities for this reporting INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 Less than \$10,000 SIO,000 or more L.J. \$10,000 or more Income (nearest \$20,000) Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense Provide a good faith estimate, rounded to the nearest \$20,000. of all lobbying related income from the client (including all accounting method. See Instructions for description of options. payments to the registrant by any other entity for lobbying activities on behalf of the client). Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

cgi Qant Name Capitol Associates Client Name Temp	le University Hospital	
OBBYING ACTIVITY. Select as many codes as necessary to reflect obbying on behalf of the client during the reporting period. Using a separate additional page(s) as needed.	the general issue areas in which the registrant rate page for each code, provide information as	engaged in requested.
5. General issue area codeBUD(one per page)		
6. Specific lobbying issues		
H.R. 4577- Making appropriations for the Departme Education, and related agencies for the fiscal year ending II Secure Support for health facility.	nts of Labor, Health and Human Serv g September 30, 2001, and for other purps	rices, and oses; Title
S. 2553- An original bill making appropriations for the I and Education, and related agencies for the fiscal year er Title II - Secure support for health facility.	Departments of Labor, Health and Human ading September, 30, 2001, and for other	Services, purposes;
H.J. Res. 109 through H.J. Res. 133 - Making further and for other purposes. Entire bill - Tracked and moni	continuing appropriations for the fiscal y tored	ear 2001,
7. House(s) of Congress and Federal agencies contacted	Check if None	
House Senate Department of Health and Human Services		
8. Name of each individual who acted as a lobbyist in this issue area		
Name Edward Long, Vice President, Congressional Relations	Covered Official Position (if applicable)	New
Marguerite Baxter, Vice President, Research and Regulatory Affairs	· :	
lulie Pawelczyk, Associate		
9. Interest of each foreign entity in the specific issues tisted on line 16 at	Check if None	
ignature		
rinted Name and Title <u>Debra M. Hardy Havens, CEO</u>		

mormanon opua	te Page - Complete ON	LY where registration informati	on has changed.	
20. Client new address				
21. Client new principal pl	ace of business (if different	from line 20)		
City	4.11.11.11.11.11.11.11.11.11.11.11.11.11	State/Zip (or Country)		`\ 
	in of client's business or act			
	ously reported individual	who is no longer expected to act	as a lobbyist for the client	:
Marguerite Baxt	er, Vice President, Resea	relt and Regulatory Affairs		
SSUE UPDATE F. General lobbying issu	es previously reported th	at no longer pertain		
FFILIATED ORGA . Add the following aff	NiZATIONS iliated organization(s)			
		Adrace	Principal Plac	o of Business
	444 144	Address	Principal Plac (city and stat	ce of Business e or country)
Name	AN ELVELON CONTRACTOR OF THE STATE OF THE ST	Address	Principal Plac (city and stat	ce of Business e or country)
5. Name of each previou	isty reported organization	Address	(city and stat	ce of Business e or country)
NAMES OF THE STATE	asty reported organization		(city and stat	e or country)
6. Name of each previou	asty reported organization		(city and stat	Ownership perceusage in client
OREIGN ENTITIES	isly reported organization S teign entities	that is no longer affiliated with	(city and stat	e or country)  Ownership perceusge in
OREIGN ENTITIE: 7. Add the following for	ssty reported organization  Seign entities  Address  Address	that is no longer affiliated with	(city and stat	Ownership percentage in client
OREIGN ENTITIES  7. Add the following for Name  8. Name of each previor or affiliated organizat	ssly reported organization  Seeign entities  Address  Address  usly reported foreign entition	Principal place of Business (city and state or country)	(city and state (city and stat	Ownership percentage in client e registrant, client