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Office of Public Records
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Washington, DC 20510

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SECRETARY'S OFFICE
AUG 13

LOBBYING REPORT

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, NE, Washington, DC 20002			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101-1154
7. Client Name	<input type="checkbox"/> Self		6. House ID #
Association of University Programs in Occupational Health and Safety			30813104

TYPE OF REPORT 8. Year 2002 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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>20,000</u> 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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 67 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO

Registrant Name Capitol Associates, Inc.

Client Name AUPOHS

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which 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

S 2766 – Departments of Labor, Health and Human Services, and Education and Related Agencies Appro 2003. Title II – increased funding for NIOSH
HR . Departments of Labor, Health and Human Services, and Education and Related Agencies Appro 2003. Title II – increased funding for NIOSH

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

House
Senate
Department of Health and Human Service

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

Name	Covered Official Position (if applicable)
Ed Long	
Andrew Brecher	

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

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 Bu (city and state or cot

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	Owns perce client

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

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO

