

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
---	--

RECEIVED
SECRETARY OF THE SENATE
04 FEB 13 PM 04:05

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, 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	Telephone (202) 544-1880	E-mail (optional) dh@capitolassociates.com	5. Senate ID 8101-139
7. Client Name <input type="checkbox"/> Self Monongahela Valley Hospital			6. House ID 30813121

00000470793

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

<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 checked="" type="checkbox"/> ⇒ \$60,000 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 of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(c) the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
--	---

Signature *Debra M. Hardy Havens*

Printed Name and Title Debra M. Hardy Havens, President
Form LD-2 (Rev. 06/98)

PAGE 1 of

Registrant Name Capitol Associates Client Name Monongahela Valley Hospital

00000470794

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

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

16. Specific lobbying issues

- H.R. 2660 / S. 1356: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2004; Title II - secure support for health facilities and health services program.
- H.R. 2673: FY 2004 Consolidated Appropriations bill
- H.J. Res 82: Continuing appropriations through 1/31/2004.
- H.J. Res 79: Continuing appropriations through 1/31/2004.
- H.J. Res 78: Continuing appropriations through 11/23/2003, as passed House. Continuing appropriations through 11/23/2003, as passed Senate.
- H.J. Res 76: Continuing appropriations through 11/21/2003.
- H.J. Res 75: Continuing appropriations through 11/7/2003.
- H.J. Res. 73: Continuing appropriations through 11/7/2003.
- H.J. Res 69: Continuing appropriations through 10/31/2003.

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

- House
- Senate
- Department of Health and Human Services

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	

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

