

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
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RECEIVED
SECRETARY OF THE

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **02 AUG 13 AM**

1. Registrant Name
Capitol Associates, Inc.

2. Address 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. S
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	81
7. Client Name	<input type="checkbox"/> Self		6. F
Academic Health Center Coalition			30

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>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"/> => <u>\$260,000</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>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 6013 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

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

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

16. Specific lobbying issues

S. 2766 Making appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies; Title II - support for biomedical research.

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)
Debra Hardy Havens, CEO	
Ed Long, Vice President, Congressional Relations	
Stan Ullman, Associate	

19. Interest of each foreign entity in the specific issues listed on line 18 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

Julie Pawelczyk

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

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO

