

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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SECRETARY OF THE SENATE

05 NOV -4 PM 3:1

LOBBYING REPORT

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

1. Registrant name	
Organization	Capitol Associates, Inc.
2. Address <input type="checkbox"/> Check if different than previously reported	
426 C Street, N.E.	
City	Washington
State	DC
Zip Code	20002
Country	USA
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Ms. Debra M. Hardy Ha	202 544 1880 dh@capitolassociates.com
5. Senate ID #	8101-1573
7. Client Name <input type="checkbox"/> Self	6. House ID #
Greystone Group LLC on behalf of Rockford Health Council	30813128

TYPE OF REPORT 8. Year 2005 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 11/1/2005 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option:</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Form Com

Printed Name and Title Debra M. Hardy Havens  President

0000470288

Registrant Name Capitol Associates, Inc. Client Name Greystone Group LLC on behalf of Rc

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

H.R. 3010 Making Appropriations for the Departments of Labor, Health and Human Services, and Education, and Related Agencies for the fiscal Year ending September 30, 2006, and for other purposes.

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

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Edward	Long		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a different

Printed Name and Title Debra M. Hardy Havens President

0000470290



Registrant Name Capitol Associates, Inc. Client Name Greystone Group LLC on behalf of Ro

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Rockford Health Council	Address 1601 Parkview Avenue C/S/Z Rockford IL 61107 USA Address C/S/Z	City Rockford State IL Country USA City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners/ percent client
	City	State/Province Country	City State Country		

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

1

3

5

2

4

6

Add a page for more update

Printed Name and Title Debra M. Hardy Havens President

0000470291

