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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **FEB 14 PM 11**

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 Debra M. Hardy Havens	Telephone 202-544-1880	E-mail (optional) dh@capitolassociates.com	5. Sen 8101-7
7. Client Name <input type="checkbox"/> Self Kennedy Krieger Institute			6. Hou 3081

TYPE OF REPORT 8. Year 2004 (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 _____
 Activity 11. No

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>80,000</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 of</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 Date _____

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

PAGE 1 of 6

Registrant Name Capitol Associates, Inc. Client Name Kennedy Krieger Institute
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate each code,** provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

- H.R. 4818 - The Consolidated Appropriations Act of 2005
- H.J. Res. 115 - Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 12/8/04)
- H.J. Res. 114 - Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 12/3/04)
- H.J. Res. 107 - Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 11/20/04)
- H.R. 5006 - Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005
- S. 2810 - Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005
- H.R. 4754 - Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2005
- S. 2809 - Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2005
- H.R. 4613 - Department of Defense Appropriations Act, 2005
- S. 2559 - Department of Defense Appropriations Act, 2005
- H.R. 4567 - Department of Homeland Security Appropriations Act, 2005
- S. 2537 - Department of Homeland Security Appropriations Act, 2005
- S. 1860 - To reauthorize the Office of National Drug Control Policy

17. House(s) of Congress and Federal agencies contacted Check if None
 House and Senate
 Department of Health and Human Services
 Department of Energy
 Department of Defense

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

Name	Covered Official Position (if applicable)
Roxanne Burnham, Associate	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Signature _____

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

Page 2

Registrant Name Capitol Associates, Inc. Client Name The Kennedy Krieger Institute

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain
MMM

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cour

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 clien

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

Signature _____

Date _____

Printed Name and Title Debra M. Hardy Havens, President

