

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 ☐ 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)

Debra M. Hardy Havens

(202) 544-1880

dh@capitolassociates.com

7. Client Name

☐ Self

Society of Toxicology

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-Decen

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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☒

\$10,000 or more ☐ ⇒ \$ _____
Income (nearest \$20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this re period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description

☐ Method A. Reporting amounts using LDA defini

☐ Method B. Reporting amounts under section 60 the Internal Revenue Code

☐ Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO

