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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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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			
Address1	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	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Debra M. Hardy Ha	202 544 1880	dh@capitolassociates.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Greystone Group LLC on behalf of Rockford Health Council			8101-1573
			6. House ID #
			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. 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 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 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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</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 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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Form Complete

Printed Name and Title Debra M. Hardy Havens

8/9/05
President

00000380046

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

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regis engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code**, pro 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 issu*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)	N
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 iss

Printed Name and Title Debra M. Hardy Havens President

00000580047

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

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	City Rockford State IL Country USA
	Address C/S/Z	City State

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

1	2	3
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FOREIGN ENTITIES

27. Add the following foreign entities

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

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

1	3	5
2	4	6

Add a page for more updates

Printed Name and Title Debra M. Hardy Havens President

00000380048

