

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page 6 AM 9:5

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. Se

Debra M. Hardy Havens

(202) 544-1880

dh@capitolassociates.com

8101

7. Client Name

☐ Self

6. Hc

Research Society on Alcoholism

3081

TYPE OF REPORT 8. Year 2001 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇒ \$ 20,000

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 reporting 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 of

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6031 of the Internal Revenue Code

☐ Method C. Reporting amounts under section 1621 of the Internal Revenue Code

Signature

Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO



Registrant Name Capitol Associates, Inc. Client Name Research Society on Alcoholism

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

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

16. Specific lobbying issues:

H.Con.Res. 83 - Fiscal Year 2002 Budget Resolution

H.R. 2216 - Fiscal Year 2001 Supplemental Appropriations Act

H.R. _____ - Department of Labor, Health and Human Services, and Education and related agencies Appropriations bill, Fiscal Year 2001. Title II - Secure support for the National Institutes of Health and alcohol abuse research.

H.R. _____ - Department of Defense Appropriations bill, Fiscal Year 2001. Title IV - Secure support research.

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House

Senate

Department of Health and Human Services

National Institute on Alcohol Abuse and Alcoholism

Department of Defense

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

Name	Covered Official Position (if applicable)
Sara Milo	
Julie Shroyer	

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

Signature _____

Printed Name and Title Debra M. Hardy Havens, CEO

[REDACTED]

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the lobbyist was 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 EDU (one per page)

16. Specific lobbying issues

H.R. 1 - Elementary and Secondary Education Act Authorization of 2001.

S. 1 - Elementary and Secondary Education Act Authorization of 2001.

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

Name	Covered Official Position (if applicable)
Sara Milo	

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

Signature _____

Printed Name and Title Debra M. Hardy Havens, CEO



Registrant Name Capitol Associates, Inc. Client Name Research Society on Alcoholism

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 Shroyer

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 Business (city and state or country)

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	Owners percent client

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

