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



SECRETAR PUBL

LOBBYING REPORT

1. Registrant Name		U	AUG
Capitol Associates, Inc.			
2. Address			
426 C St., N.E. Washington DC 20002			
3. Principal Place of Business (if different from line 2)			
City: State/Zip (or	Country)		
	Telephone	E-mail (optional)	5. Se
	(202) 544-1880	dh@capitolassociates.com	81
7. Client Name			6. H
National Association of Community Health Centers Self			30
ΓΥΡΕ OF REPORT 8. Year 2001 Midyear (Jan	mary 1-June 30)	OR Year End (July 1-De	
. Check if this filing amends a previously filed version of this re	_	Ole Tour End (bury 1 De	
 O. Check if this is a Termination Report □ ⇒ Termination 1 	-	_ 11. No Lobbying Acti	<u>.</u> Г
o. Check if this is a Termination Report — Termination is		_ 11. No Loodying Acu	vity L
INCOME OR EXPENSES - Complete Either Lin	ne 12 OR Line	13	
12. Lobbying Firms		13. Organizations	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES re period were:	elating to lobbying activities for t	his rep
Less than \$10,000	Less than \$10,0	∞ □	
\$10,000 or more	\$10,000 or more	e □ ⇒ \$ Expenses (nearest \$20	0,000)
		NG METHOD. Check box to in nod. See Instructions for descrip	
	☐ Method A.	. Reporting amounts using LDA of	lefinitio
Provide a good faith estimate, rounded to the nearest \$20,000,	☐ Method B.	Reporting amounts under section the Internal Revenue Code	on 603:
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).	☐ Method C.	Reporting amounts under secti Internal Revenue Code	on 162
Signature Khan holandy Havens, CEO Printed Name and Title Debra M. Hardy Havens, CEO			

Registrant Name	Capitol Associates, Inc.	Client Name_	National Association of Community Health	
LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registran lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information a Attach additional page(s) as needed.				
15. General issue ar	ea code <u>BUD</u>			
16. Specific lobbyin	g issues			
H.R / S	Departments of Labor, Health 2002, Title II - Support for he		ces, Education and Related Agencies Approp	
H. Con. Re	es. 83, Establishing a Congressional t Entire bill - Tracked and moni		d States Government for fiscal year 2002	
17. House(s) of Con	gress and Federal agencies contacted		Check if None	
House Senate HHS White Hous	se			
18. Name of each individual who acted as a lobbyist in this issue area				
	Name		Covered Official Position (if applicable)	
Edward Long, Vic	e President			
Denise Giuliano, A	associate			
Liz Gemski		***************************************		
19. Interest of each	foreign entity in the specific issues li	sted on line 16 abo	ve 🖾 Check if None	
Signature			_	
Printed Name and T	itle Debra M. Hardy Havens, CEO			
Form LD-2 (Rev. 0	6/98)		PAGE 2	

Registrant Name_	Capitol Associates, Inc.	Client Name	National Association of Community Healtl
	of the client during the reporting period.		e general issue areas in which the registran e page for each code, provide information :
15. General issue a	area code <u>HCR</u>	·	
16. Specific lobbyi	ing issues		
	Health Care Safety Net Amendments of 2 Entire Bill - Increased support for the bil		onitored its progress
	7 - Resolution to Expand Community He Entire Bill - Worked to secure cosponsor		.CH)
17. House(s) of Co	ongress and Federal agencies contacted		heck if None
Senate House Departme	nt of Health and Human Services		
18. Name of each	individual who acted as a lobbyist in th	is issue area	
	Name	c	overed Official Position (if applicable)
Edward Long, V	ice President		
Denise Giuliano,	Associate		
Liz Gemski			
	,		
19. Interest of each	n foreign entity in the specific issues liste	ed on line 16 abov	e
Signature	•		
	Title Debra M. Hardy Havens, CEO		

Form LD-2 (Rev. 06/98)

Registrant Name Capito	l Associates, Inc.	Client Name Nation	al Association of Community Health		
Information Updat	e Page - Complete (ONLY where registration informat	ion has changed.		
20. Client new address					
21. Client new principal pla	ace of business (if differe	ent from line 20)			
City	State/Zip (or Country)				
22. New general description	n of client's business or a	activities			
LOBBYIST UPDATI 23. Name of each previous		al who is no longer expected to ac	t as a lobbyist for the client		
Liz Gemski					
ISSUE UPDATE 24. General lobbying issue	es previously reported	that no longer pertain			
AFFILIATED ORGA 25. Add the following affi		· ·			
Name		Address	Principal Place of Busir (city and state or count		
26. Name of each previou	sly reported organizati	ion that is no longer affiliated with	the registrant or client		
FOREIGN ENTITIES 27. Add the following for					
Name	Address	Principal place of business (city and state or country)	Amount of contribution Ownersh for lobbying activities percenta client		
28. Name of each previous or affiliated organization.	· -	ntity that no longer owns, <u>or</u> cont	rols, <u>or</u> is affiliated with the registran		
Signature		Date			
Printed Name and Title	Debra M. Hardy H.				