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RECEIVED,
SECRETARY OF THE SEN

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 <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. Senate ID 8101-292
7. Client Name <input type="checkbox"/> Self Youth Network Council			6. House ID 30813007

TYPE OF REPORT 8. Year 2004 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	13. Organizations
<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"/> ⇒ \$ _____ 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>EXPENSES relating to lobbying activities for the 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 descriptions.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA method</p> <p><input type="checkbox"/> Method B. Reporting amounts under section _____ of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section _____ of the Internal Revenue Code</p>

Signature 
Printed Name and Title Debra M. Hardy Davens, President

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✓ Registrant Name Capitol Associates, Inc.Client Name Youth Network Council

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

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

16. Specific lobbying issues

Monitor and track programs related to youth.

H.R. 4818, The Consolidated Appropriations Act of 2005.

H.R. 5006/S.2810 : Departments of Labor, Health and Human Services, and Education, and Related Agencies A

H.R. 4754/S.2809 -, Department of Commerce and Related Agencies Appropriations Act, 2005

17. House(s) of Congress and Federal agencies contacted Check if NoneHouse
Senate

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens, President	

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, President

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