

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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SECRETARY OF THE SENATE
03 FEB 14 10:00 AM

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 - 1270
7. Client Name National Alliance for Autism Research	<input type="checkbox"/> Self		6. House ID # 3081- 3112

TYPE OF REPORT 8. Year 2002 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>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>60,000</u> 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>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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 of the Internal Revenue Code</p>
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Signature _____

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

PA

Registrant Name Capitol Associates, Inc.

Client Name National Alliance for Autism Research

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

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

16. Specific lobbying issues

- HR 5320/S 2766 - Making appropriations for the Department of Labor/HHS for FY 03
- HJ Res 111 - Making continuing appropriations for the fiscal year 2003, and for other purposes
- HJ Res 112 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.
- HJ Res 122 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.
- HJ Res 123 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.
- HJ Res 124 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.

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

Check if None

House
 Senate
 Department of HHS

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

Name	Covered Official Position (if applicable)
Edward Long PhD, Senior VP , Congressional Relations	
Roxanne Burnham, Associate	

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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Registrant Name Capitol Associates, Inc.

Client Name National Alliance for Autism Research

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

16. Specific lobbying issues

H.R. 3448 - Bioterrorism Preparedness Act of 2001

H.R. 5005 - Homeland Security Act of 2002

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

Check if None

House

Senate

Department of HHS

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

Name	Covered Official Position (if applicable)
Edward Long PhD, Senior VP , Congressional Relations	
Roxanne Burnham, Associate	

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

Registrant Name Capitol Associates, Inc. Client Name National Alliance for Autism Research

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

Ronnie Tepp

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

_____ GOV _____

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou
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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	Own perc clien
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28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the regist or affiliated organization

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, President

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