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**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **03 AUG 12 2003**

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 # 8101-975
7. Client Name <input type="checkbox"/> Fishers Island Ferry District Self			6. House ID # 3081 3095

**TYPE OF REPORT** 8. Year 2003 (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><b>INCOME</b> 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>40,000</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><b>EXPENSES</b> 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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See Instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature 

Printed Name and Title Debra M. Hardy Havens, President



Registrant Name Capitol Associates, Inc.

Client Name Fishers Island Ferry District

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

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

16. Specific lobbying issues

H.J.RES.2 : Joint Resolution making consolidated appropriations for the fiscal year ending September 30, 2004 for other purposes.

HR. 2989/S. - Making appropriations for the Department Transportation for FY 04

17. House(s) of Congress and Federal agencies contacted  Check if None

House  
Senate  
Department of Transportation

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	
Katie Weyforth, 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

00000270277



00000270278

Registrant Name Capitol Associates, Inc. Client Name Albert Einstein Medical Center

**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

Stanley Ullman

**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 Busin. (city and state or count

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	Ownersh percentag client

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Debra M. Hardy Havens, CEO

