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05 AUG 15 PM 4:07

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name			
Organization	Capitol Associates, Inc.		
2. Address <input type="checkbox"/> Check if different than previously reported			
426 C Street, NE			
City	Washington		
State	DC		
Zip Code	20002		
Country	USA		
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country	Zip Code	Country
4a. Contact Name		b. Telephone number	
Prefix	Full Name	c. E-mail	
Ms.	Debra M. Hardy Ha	202-544-1880	dh@capitolassociates.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Youth Network Council			8101-292
			6. House ID #
			30813007

00000373528

TYPE OF REPORT 8. Year 2005 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 ⇨ \$ _____

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 ⇨ \$ _____

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only
- Method B.** Reporting amounts under section 6033(b)(8) of Internal Revenue Code
- Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Form Comp

Printed Name and Title Debra M. Hardy Havens, President

8/9/05

