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**LOBBYING REPORT**

03 AUG 12 PM 3: 53

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

|   |                               |   |                               |
|---|-------------------------------|---|-------------------------------|
| 1. Registrant Name<br>Capitol Associates, Inc.  |                               |   |                               |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>426 C Street, NE, Washington, DC 20002 |                               |   |                               |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____                     |                               |   |                               |
| 4. Contact Name<br>Debra M. Hardy Havens  | Telephone<br>(202) 544-1880   | E-mail (optional)<br>dh@capitolassociates.com | 5. Senate ID #<br>8101 - 1270 |
| 7. Client Name<br>National Alliance for Autism Research   | <input type="checkbox"/> Self |   | 6. House ID #<br>3081- 3112   |

**TYPE OF REPORT** 8. Year 2003 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 align="center"><b>12. Lobbying Firms</b></p> <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>60,000</u><br/>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 align="center"><b>13. Organizations</b></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"/> ⇒ \$ _____<br/>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"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |

Signature *Debra M. Hardy Havens*

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

PAGE 1 of 4

Registrant Name Capitol Associates, Inc.

Client Name National Alliance for Autism

00000270396

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

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

16. Specific lobbying issues

- H.R. 2660** - Department of Labor, Health and Human Services and Education and Related Agencies Appropriations Act, Fiscal Year 2004.
- S. 1356** - Department of Labor, Health and Human Services and Education and Related Agencies Appropriations Act, Fiscal Year 2004.
- H.R. 2555**- Department of Homeland Security Appropriations Bill, Fiscal Year 2004.
- H.R. 2859**- Emergency Supplemental Appropriations for Disaster Relief Act, 2003.
- H.R. 2854**- To amend title XXI of the Social Security Act to extend the availability of allotments for fiscal years 1998 through 2001 under the State Children's Health Insurance Program, and for other purposes.
- H.R. 5320** - Department of Labor, Health and Human Services and Education and Related Agencies Appropriations Act, Fiscal Year 2003.
- S. 2766** - Department of Labor, Health and Human Services and Education and Related Agencies Appropriations Act, Fiscal Year 2003.

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                           |   |
|  |   |
|  |   |
|  |   |
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|  |   |

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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00000270397

Registrant Name Capitol Associates, Inc.

Client Name National Alliance for Autism R

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

16. Specific lobbying issues

S 1- Prescription Drug and Medicare Improvement Act of 2003

H.R.1- Medicare Prescription Drug and Modernization Act of 2003

H.R. 2427 - Pharmaceutical Market Access Act of 2003

S 650 - Pediatric Research Equity Act of 2003

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                           |   |
|  |   |
|  |   |
|  |   |
|  |   |
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|  |   |

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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PAGE 3 of 4

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

**Information Update Page - Complete ONLY where registration information has changed.**

00000170398

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

**ISSUE UPDATE**

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

HOM \_\_\_\_\_

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|---|
|      |         |   |

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 | Owners' percent client |
|------|---------|---|--|------------------------|
|      |         |   |  |                        |

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

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

Printed Name and Title Debra M. Hardy Havens, President

