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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 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 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**12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐
 \$10,000 or more ☐ ⇒ \$ 60,000
 Income (nearest \$20,000)

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 ☐ ⇒ \$ _____
 Expenses (nearest \$20,000)
14. **REPORTING METHOD.** Check box to indicate accounting method. See Instructions for description of☐ **Method A.** Reporting amounts using LDA definition☐ **Method B.** Reporting amounts under section 6033 the Internal Revenue Code☐ **Method C.** Reporting amounts under section 162 Internal Revenue Code

Signature



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

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the client was engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** 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	

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 R

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 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	

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

Form LD-2 (Rev. 06/98)

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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

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/ percents 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

