

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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Office of Public Records
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Washington, DC 20510

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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	Telephone	E-mail (optional)	5. Se
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101
7. Client Name	<input type="checkbox"/> Self		6. Hc
Academic Health Center Coalition			3081

TYPE OF REPORT 8. Year 2001 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	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ <u>300,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of method.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6011 of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature: _____



Registrant Name Capitol Associates, Inc. Client Name Academic Health Center Coalition

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

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

16. Specific lobbying issues

H.R. -- / S. --- Making appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies; Title II - support for biomedical research.

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

House
Senate
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens, CEO	
Ed Long, Vice President, Congressional Relations	
Julie Pawelczyk, Vice President	

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, CEO

[REDACTED]

Registrant Name Capitol Associates, Inc. Client Name Academic Health Center Coalition

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

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

16. Specific lobbying issues

None.

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

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens, CEO	
Ed Long, Vice President, Congressional Affairs	
Julie Pawelczyk, Vice President	

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, CEO

5/1/10 [REDACTED]

Registrant Name Capitol Associates, Inc. Client Name Academic Health Center Coalition

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

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

16. Specific lobbying issues

None.

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

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens, CEO	

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, CEO

Form LD-2 (Rev. 06/98)

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Registrant Name Capitol Associates, Inc. Client Name Academic Health Center Coalition

