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LOBBYING REPORT

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

01 AUG 6 AM 9

1. Registrant Name

Capitol Associates, Inc.

2. Address ☐ 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. Senate ID #

Debra M. Hardy Havens

(202) 544-
1880

dh@capitolassociates.com

8101-137

7. Client Name

Aunt Martha's Youth
Service Center

☐

Self

6. House ID #

30813016

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☒ ⇒ \$ 20,000
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.

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6032 of the Internal Revenue Code

☐ Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO



Registrant Name Capitol Associates, Inc. Client Name Aunt Martha's Youth Service Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the lobbyist was 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 BUD (one per page)

16. Specific lobbying issues

Monitor, track and advocate for increase funding for Health Centers

H.R. _____ -Dept of Labor, Health and Human Services, Education and related Agencies Appropriations Act, FY 2002

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House

Senate

DHHS

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☐ Check if None

Signature _____

[REDACTED]

Registrant Name Capitol Associates, Inc.

Client Name Aunt Martha's Youth Service Center

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 and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Monitor, track Juvenile Justice legislation

H.R. 1900- The Juvenile Crime Control & Delinquency Prevention Act of 2001

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House

Senate

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

Name	Covered Official Position (if applicable)
Debra Hardy Havens	

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]

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

20. Client new address

233 West Joe Orr Road, North Building

21. Client new principal place of business (if different from line 20)

City Chicago Heights, ILState/Zip (or Country) 60411

22. New general description of client's business or activities

LOBBYIST UPDATE23. 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**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, CEO

