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LOBBYING REPORT

04 AUG -6 PM 2:

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 8101-1457
7. Client Name MSE Technologies, Inc. <input type="checkbox"/> Self			6. House ID 30813121

TYPE OF REPORT 8. Year 2004 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 2/25/0411. No Lobbying **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 period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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 options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitions
	<input type="checkbox"/> Method B. Reporting amounts under section _____ of _____ the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section _____ of _____ the Internal Revenue Code

Signature

Debra M. Hardy Havens

7/30/04

Printed Name and Title

Debra M. Hardy Havens, President

Registrant Name Capitol Associates, Inc.

Client Name MSE Technolo

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

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

16. Specific lobbying issues
Department of Energy Negotiations

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

Department of Energy

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

Name	Covered Official Position (if applicable)
Stan Ullman	

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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