

Clerk of the House of Representatives  
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Washington, DC 20515

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### LOBBYING REPORT

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

02 FEB 12 P

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. S			
Debra M. Hardy Havens		(202) 544-1880	dh@capitolassociates.com 810
7. Client Name <input type="checkbox"/> Self 6. H			
Academic Health Center Coalition		308	

**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
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> 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"/> ⇒ \$ _____ 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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See Instructions for description of methods.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6011 of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> 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  
Form LD-2 (Rev. 06/98)

PAC



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 BUD (one per page)

16. Specific lobbying issues

H.R.3061/ S. 1536 Making appropriations for the Departments of Labor, Health and Human Services, 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



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 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



**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 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

[illegible]



**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

Julie Pawelczyk

**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 Bus (city and state or coun

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	Owner percen client

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

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

Printed Name and Title Debra M. Hardy Havens, CEO

Form LD-2 (Rev. 6/98)

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