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SECRETARY OF THE SENATE  
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**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **83 AUG 12 PM 3:**

1. Registrant Name

Capitol Associates, Inc.

2. Address ☐ Check if different than previously reported

426 C Street, N.E., Washington, D.C. 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 I

Debra M. Hardy Havens

(202) 544-1880

dh@capitolassociates.com

8101-1053

7. Client Name ☐ Self

Susquehanna Health System

6. House I

30813102

**TYPE OF REPORT** 8. Year 2003 (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 ☒ ⇒ \$ 40,000  
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:

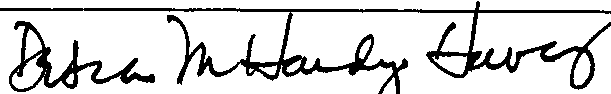
Less than \$10,000 ☐

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

Signature





Registrant Name Capitol Associates Client Name Susquehanna Health System

**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 in requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.J.RES.2: Joint Resolution making consolidated appropriations for the fiscal year ending September 30, 2003, and for other purposes.

H.R.246: Making appropriations for the Departments of Labor, Health and Human Services, and Education and Related Agencies for the fiscal year ending September 30, 2003, and for other purposes.

H.R. 2660/ S. 1356: Making appropriations for the Departments of Labor, Health and Human Services, and Education and Related Agencies for FY 2004; Title II - secure support for health services

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)
Edward Long, Senior V.P., Congressional Relations	
Katie Weyforth, Associate	
Roxanne Burnham	

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



Registrant Name Capitol Associates, Inc. Client Name Susquehanna Health System

**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

Denise Giuliano

**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	Ownership percentage 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

