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## LOBBYING REPORT

04 AUG -6 PM

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. Senate ID #
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101-292
7. Client Name	<input type="checkbox"/>		6. House ID #
Youth Network Council	Self		30813007

**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 \_\_\_\_\_ 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 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 descriptive options.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section _____ of _____ the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section _____ the _____ Internal Revenue Code

Signature *Debra M Hardy Havens*  
Printed Name and Title Debra M. Hardy Havens, President

7/30/04

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Registrant Name Capitol Associates, Inc.Client Name Youth Network Council

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

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

## 16. Specific lobbying issues

Monitor and track programs related to youth.

H.R. 2799, Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations, ,  
H.R. 2660 / S. 1356: Departments of Labor, Health and Human Services, and Education, and Related Agencies Ap  
of 2004

H.R. 2673: FY 2004 Consolidated Appropriations bill

H.J. Res 82: Continuing appropriations through 1/31/2004.

H.J. Res 79: Continuing appropriations through 1/31/2004.

H.R. 4754/S. -, Department of Commerce and Related Agencies Appropriations Act, 2005

H.R. -/S. - Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations

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, President

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