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LOBBYING REPORT

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PUBLIC RECORDS

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

03 AUG 12 PM 3

1. Registrant Name <u>Capitol Associates, Inc.</u>			5. Senate ID # 8101-467
2. Address <input type="checkbox"/> Check if different than previously reported <u>426 C Street, NE, Washington, DC 20002</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>Debra M. Hardy Havens</u>	Telephone <u>(202) 544-1880</u>	E-mail (optional) <u>dh@capitolassociates.com</u>	6. House ID # 3081 3027
7. Client Name <input type="checkbox"/> Self <u>Northwestern Memorial Hospital</u>			

TYPE OF REPORT 8. Year 2003 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	
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See Instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Debra M. Hardy Havens

Registrant Name Capitol Associates, Inc. Client Name Northwestern Memorial Hospital

00000270447

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

- H.R. 2660 - Department of Labor, Health and Human Services and Education and Related Agencies Appro: Act, Fiscal Year 2004.
- S. 1356 - Department of Labor, Health and Human Services and Education and Related Agencies Appro: Act, Fiscal Year 2004.
- H.R. 2555- Department of Homeland Security Appropriations Bill, Fiscal Year 2004.
- H.R. 2859- Emergency Supplemental Appropriations for Disaster Relief Act, 2003.
- H.R. 5320 - Department of Labor, Health and Human Services and Education and Related Agencies Appro: Act, Fiscal Year 2003.
- S. 2766 - Department of Labor, Health and Human Services and Education and Related Agencies Appro: Act, Fiscal Year 2003.

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

- House
- Senate
- DHHS
- DHS

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

Name	Covered Official Position (if applicable)
Edward Long	
Roxanne Burnham	

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

Signature _____

Registrant Name Capitol Associates, Inc. Client Name Northwestern Memorial Hospital

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

16. Specific lobbying issues

- S 1- Prescription Drug and Medicare Improvement Act of 2003
- H.R.1- Medicare Prescription Drug and Modernization Act of 2003
- H.R. 2427 - Pharmaceutical Market Access Act of 2003

Tracked and reported on Congressional hearings, White House, and Department of Health and Human Services activities.

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)
Ed Long	
Roxanne Burnham	
Debra Hardy Havens	

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

Signature _____

00000270448

00000270449

Registrant Name Capitol Associates, Inc. Client Name Northwestern Memorial Hospital

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

16. Specific lobbying issues

- H.R. 1720 - Veterans Health Care Facilities Capital Improvement Act
- H.R. 663 - Patient Safety and Quality Improvement Act
- S 720 - Patient Safety and Quality Improvement Act

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

Check if None

House and Senate
Department of Health and Human Services
Department of Veterans Affairs

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

Name	Covered Official Position (if applicable)
Ed Long	
Roxanne Burnham	
Debra Hardy Havens	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____

Registrant Name Capitol Associates, Inc. Client Name Northwestern Memorial Hospital

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

00000270450

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

MED _____

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, client or affiliated organization

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, President

