

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE

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LOBBYING REPORT

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"/> Self		6. House ID #
Youth Network Council			30813007

TYPE OF REPORT 8. Year 2002 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>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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>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 accounting method. See Instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, President

PA

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 which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R.5320, S.2766 Department of Labor, Health and Human Services, and Education and Relate Appropriations Act, 2003. Monitor and track programs related to youth.

HJ Res 111 - Making continuing appropriations for the fiscal year 2003, and for other purposes.

HJ Res 112 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.

HJ Res 122 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.

HJ Res 123 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.

HJ Res 124 - Making further continuing appropriations for the fiscal year 2003, and for other purposes.

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

Form LD-2 (Rev 06/98)

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

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

LAW

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cour
.....

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	Owne: perce: 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, President

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