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 8/6/01

LOBBYING REPORT Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page 1. Registrant Name Capitol Associates, Inc. 426 C St. NE, Washington, DC 20002 3. Principal Place of Business (if different from line 2) City: State/Zip (or Country) 4. Contact Name 5. Sc Telephone E-mail (optional) Debra M. Hardy Havens 202-544-8800 dh@capitolassociates.com 8101 7. Client Name 6. E Parkinson's Action Network Self 308 TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) 🖾 OR Year End (July 1-December 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 **INCOME** relating to lobbying activities for this reporting **EXPENSES** relating to lobbying activities for this ret period was: period were: Less than \$10,000 Less than \$10,000 \Box \$10,000 or more \$10,000 or more $\square \Rightarrow \$$ Income (nearest \$20,000) Expenses (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, 14. REPORTING METHOD. Check box to indicate of all lobbying related income from the client (including all accounting method. See Instructions for description of payments to the registrant by any other entity for lobbying activities on behalf of the client). Method A. Reporting amounts using LDA definiti Method B. Reporting amounts under section 603 the Internal Revenue Code Method C. Reporting amounts under section 162 Internal Revenue Code

Printed Name and Title Debra M. Hardy Havens, CEO

- Registrant Name_	Capitol Associates, Inc.	Client Name Parkinson's Action Network				
	of the client during the reporting	as necessary to reflect the general issue areas in which the registrate period. Using a separate page for each code, provide information				
15. General issue a	area code <u>BUD</u>					
16. Specific lobbyi	ng issues					
H.R /	2002	 Departments of Labor, Health and Human Services, Education and Related Agencies Appropriate 2002 Title II - Secure support for biomedical research 				
H. Con. F	Res. 83, Establishing a Congression Entire bill - Tracked and	onal budget of the United States Government for fiscal year 2002 monitored				
H.R /	S Department of Defense A Title IV –Increase suppor	appropriations Bill, 2002 et for biomedical research				
H.R / S		Department of Veterans Affairs and Housing and Urban Development and Independant Appropriations Act, 2002; Title II - Secure research funding for Parkinson's Disease				
17. House(s) of Co	ongress and Federal agencies cont	cacted				
— — — — — — — — — — — — — — — — — — —	nt of Health and Human Services nt of Defense					
18. Name of each	individual who acted as a lobbyi	st in this issue area				
	Name	Covered Official Position (if applicable)				
Edward Long, Vi	ce President					
Denise Giuliano,	Associate					
Liz Gemski						
19. Interest of each	ı foreign entity in the specific issu	ues listed on line 16 above				
Signature						
Printed Name and	Title <u>Debra M. Hardy Havens,</u>	CEO				
Form LD-2 (Rev. 0	06/98)	PAGE 2 of <u>3</u>				

mormation open	te Page - Complete ON	NLY where registration informati	on has changed.		
20. Client new address					
21. Client new principal pl	ace of business (if different	from line 20)			
City	State/Zip (or Country)				
22. New general descriptio					
,					
LOBBYIST UPDAT		who is no longer expected to act	as a lobbyist for the client	t	
Liz Gemski					
AFFILIATED ORGANIZATIONS 25. Add the following affiliated organizatio Name				Principal Place of Bus (city and state or cour	
25. Add the following affi		Address	_		
25. Add the following affi		Address	_		
25. Add the following affi	iliated organization(s)	Address n that is no longer affiliated with	(city and stat		
Name Name Name Properties Name of each previous	iliated organization(s)		(city and stat		
25. Add the following affi	iliated organization(s)		(city and stat		

Signature ______ Date ______
Printed Name and Title _____ Debra M. Hardy Havens, CEO