Go t

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

SECRETARY OF THE SENATE
05 DEC -2 PM 3:35

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 10/01/200

2. House Identification Number 30813 Senate Identification Number 8101

REGISTRANT

3. Registrant name Organization Capitol Associates, Inc.

Address 426 C Street, NE

City Washington State DC Zip 20002 US

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name Prefix Full Name

202-544-1880 Contact Ms. Debra Hardy Haven E-mail dh@capitolassociates.com

6. General description of registrant's business or activities

Government and Public Relations

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check the b labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name Gand View Hospital

Address 700 Lawn Avenue

City Sellersville State PA Zip 18960 Country US

8. Principal place of business (if different than line 7)

City State Zip Country

9. General description of client's business or activities

Medical Center

LOBBYISTS

Go to page 3 to add more

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person l section has served as a "covered executive branch official" or "covered legislative branch official" within two years of fir a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Name Last	Name Suffix	Covered Official Position (if applicable)
Edward	Long	Ph.D.	
Katie	Weyforth		

30004709365

Registrant Name Capitol Associates, Inc. Client Name Gand View Hospital

LOBBYING ISSUES

Find the code to select below. Go to page 3 to add more lobbyi

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

BUD

12. Specific lobbying issues (current and anticipated)

Support funding for health programs.

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orga

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes ⇨ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busines (city and state or countr

FOREIGN ENTITIES

Go to page 3 to add more foreig

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each entit matching the criteria above, then sign and date registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O p

Form Com

Printed Name and Title Debra Hardy Havens 12/12/05

00047936