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

SECRETARY OF THE SI

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 4/20/04

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Capitol Associates, Inc.

Address 426 C Street, NE

City Washington State DC Zip 20002

4. Principal place of business (if different from line 3)
City State/Zip (or Country)

5. Telephone number and contact name

(202) 544-1880 Contact Debra M. Hardy Havens E-mail (optional)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 lob***
check the box labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name: The Uniontown Hospital

Address: 500 West Berkley Street

City: Uniontown State PA Zip 15401

Principal place of business (if different from line 7)
City State/Zip (or Country)

9. General description of client's business or activities
Hospital

LOBBYISTS

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

Name	Covered Official Position (if app
Edward Long, Ph.D.	
Katie Weyforth	

[redacted] Name Capitol Associates Client Name Uniontown Hospital

LOBBYING ISSUES

11. General lobbying issues areas. Select all applicable codes listed in instructions and on the of Form LD-1, page 1.

BUD _____ _____ _____ _____ _____ _____ _____

12. Specific lobbying issues (current and anticipated)

Secure funding for health services initiative.

AFFILIATED ORGANIZATIONS

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

☒ No ⇒ Go to line 14. ☐ Yes ⇓ Complete the rest of this section for matching the criteria above, then proce

Name	Address	Principal Place of Bu (city and state or cou

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or in any organization line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, cont finances or subsidizes activities of 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 interest in the outcome of the lobbying activity?

☒ No ⇒ Sign and date the registration. ☐ Yes ⇓ Complete the rest of this section f matching the criteria above, then the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc in clie

Signature [redacted] Date 4/22/04

Signature

Printed Name and Title Deb Hardy Havens, President