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LOBBYING REPORT 04 FEB 13 PM 1:57

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

1. Registrant Name Capitol Associates, Inc.				000470809
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 Debra M. Hardy Havens	Telephone (202) 544-1880	E-mail (optional) dh@capitolassociates.com	5. Senate ID 8101-366	
7. Client Name National Association of Rural Health Clinics	<input type="checkbox"/> Self		6. House ID 30813010	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decemb)

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> (nearest \$20,000) Income</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 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 descriptive options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section of the Internal Revenue Code</p>
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Signature *Debra M Hardy Havens*

Printed Name and Title Debra M. Bailey Havelis, President

Form LD-2 (Rev. 06/98)

of _

Registrant Name Capitol Associates, Inc.

Client Name National Association of Rural Heal

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 code**, provide information as requested. Attach additional page(s) as needed.

00000470810

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. 2333, Rural Provider Equity Act of 2003
- S. 1185, Rural Provider Equity Act of 2003

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

Check if None

- House
- Senate
- Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
William A. Finerfrock, Vice President	

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

00000470811

Registrant Name Capitol Associates, Inc.
Clinics

Client Name National Association of R

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page code**, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

S. 529, To amend the Internal Revenue Code of 1986 to exclude from gross income loan received under the National Health Service Corps Loan Repayment Program
H.R. 1522, To amend the Internal Revenue Code of 1986 to exclude from gross income loan received under the National Health Service Corps Loan Repayment Program

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

House
Senate
Health Resources and Services Administration

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

Name	Covered Official Position (if applicable)
William A. Finerfrock, Vice President	

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

Signature

Printed Name and Title Debra M. Hardy Havens, President

