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# LOBBYING REPORT

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

1. Registrant name	
Organization	Capitol City Group, Ltd.
2. Address <input type="checkbox"/> Check if different than previously reported	
601 Pennsylvania Avenue, NW Suite 900, South Bldg.	
City	Washington DC Zip Code 20004 Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Gerald T Harrington	202-434-8211 gharrington@capitolcitygrp.com
5. Senate ID #	52903-3
7. Client Name <input type="checkbox"/> Self	6. House ID #
Rehabilitation Hospital of Rhode Island	349190

**TYPE OF REPORT** 8. Year 2005 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 Act

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<b>12. Lobbying Firms</b>	<b>13. Organizations</b>
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____
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).	<b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of op
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)( Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) o Revenue Code

Form C

Printed Name and Title Gerald T. Harrington, President

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Registrant Name Capitol City Group, Ltd.

Client Name Rehabilitation Hospital of Rhode Island

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

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

16. Specific lobbying issues

*Add page to continue specific issues description for this issue* 

IRF hospital issues

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

House of Representatives  
Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for t*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Gerald	Harrington		
Christopher	Vitale		

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

*Add a page for a differ*

Printed Name and Title Gerald T. Harrington, President



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