

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

0000470914

RECEIVED
SECRETARY

LOBBYING REPORT

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

04 FEB 14

1. Registrant Name Capitol Associates, Inc.			
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 8101-874
7. Client Name <input type="checkbox"/> Self American Association for Marriage and Family Therapy			6. House ID 30813083

TYPE OF REPORT 8. Year 2003 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 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>40,000</u></p> <p>Income (nearest \$20,000)</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 description options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
--	---

Signature Debra M. Hardy Havens
Printed Name and Title Debra M. Hardy Havens, President

Registrant Name Capitol Associates, Inc. Client Name American Association of Marriage and Family Therapy

00000470915

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

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

16. Specific lobbying issues

- Medicare reimbursement for Marriage and Family Therapists
- S. 1, Prescription Drug and Medicare Improvement Act of 2003
- H.R. 1, Medicare Prescription Drug and Modernization Act of 2003
- H.R. 1655, Seniors Mental Health Access Improvement Act of 2003
- S. 310, Seniors Mental Health Access Improvement Act of 2003
- S. 646, Medicare Mental Health Modernization Act of 2003
- H.R. 1340, Medicare Mental Health 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
- Medicare Payment Advisory Commission

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	
Debra Hardy Havens, President	

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

Signature

Printed Name and Title Debra M. Hardy Havens, President

