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LOBBYING REPORT

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

1. Registrant Name Capitol City Group, Ltd.			
2. Address <input type="checkbox"/> Check if different than previously reported 601 Pennsylvania Avenue, N.W., Suite 900, South Bldg.			
3. Principal Place of Business (if different from line 2) Washington DC 20004 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Gerald T. Harrington	(202) 434-8211	gharrington@capitolcitygrp.com	52903-315
7. Client Name <input type="checkbox"/> Self Rehabilitation Hospital of Rhode Island			6. House ID # 34919015

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇔ Termination Date _____ 11. No Lobbyin**INCOME OR EXPENSES** - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
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 type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____ Date _____

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 registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

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

Name	Covered Official Position (if applicable)
Gerald T. Harrington	
Christopher P. Vitale	

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

Signature *Gerald T. Harrington* Date 8/21/04
Printed Name and Title Gerald T. Harrington, President

