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

SECRETARY OF THE SENATE

LOBBYING REPORT 19 AUG 13 PM 1:41

		H. D.		
Capitol Associates, Inc.			-1! !-!!	
2. Address				
426 C Street, NE, Washington, DC 20002				
3. Principal Place of Business (if different from line 2)	N			
Chy: Stat	s/Zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Sensie ID#	
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101-672	
7. Client Name	Seif		6. House ID#	
Urban Health Care Coalition of Pennsylvania			30813065	
YPE OF REPORT 8, Year 1999	Midyear (January 1-June 2	30) OR Year End (July 1	-December 31)	
Check if this filing amends a previously filed ve	rsion of this report			
7. Check if this is a Termination Report 🔲 🖘	Termination Date	II. No Lobbying Act	ivity 🗀	
INCOME OR EXPENSES - Comple	te Either Line 12 OR Line	13		
12. Lobbying Firms		13. Organizations		
INCOME relating to labbying activities for this rep period was:	porting EXPENSES r period were:	EXPENSES relating to lobbying activities for this reporting period were:		

Less than \$10,000 🗍	Less than \$10,	000 🗆		
\$10,000 or more 🖾 -> \$ 20,000	\$10,000 or mo		\$20,000)	
\$10,000 or more \(\otimes \) \(\otimes \) \(\frac{20,000}{\text{Income (nearest \$20,000}} \) Provide a good faith estimate, rounded to the nearest	\$10,000 or mo (0) 14. REPORTI	nt	odicate expense	
\$i0,000 or more 🖾 -> \$ 20,000	\$10,000 or mo	Expenses (acares)	ndieste expense iption of options.	
\$10,000 or more \(\infty \) \(\infty \) \(\frac{20,000}{\text{Income}} \) (nearest \$20,000 Provide a good faith estimate, rounded to the nearest of all lobbying related income from the client (inclupayments to the registrant by any other entity for lo	\$10,000 or mo \$10,000 or mo \$14. REPORTI accounting me bbying Method A	Expenses (nearest NG METHOD. Check box to in thod. See Instructions for descri-	odieste expense iption of options. definitions only	
\$10,000 or more \(\infty \) \Rightarrow \\$\frac{20,000}{\text{Income}} \text{(nearest \$20,000} \) Provide a good faith estimate, rounded to the nearest of all lobbying related income from the client (inclupayments to the registrant by any other entity for lob	\$10,000 or mo \$10,000 or mo \$14. REPORTI secounting me belong Method B	Expenses (acarest index for description). Reporting amounts using LDA. Reporting amounts under sect.	odicate expense iption of options, definitions only ion 6033(b)(8) of	
\$10,000 or more \(\infty \) \(\infty \) \(\frac{20,000}{\text{Income}} \) (nearest \$20,000 Provide a good faith estimate, rounded to the nearest of all lobbying related income from the client (inclupayments to the registrant by any other entity for lo	\$10,000 or mo \$10,000 or mo \$14. REPORTI secounting me belong Method B	Expenses (acarest Expenses (acarest NG METHOD. Check box to in thod. See Instructions for describe. Reporting amounts using LDA. Reporting amounts under sect the Internal Revenue Code Reporting amounts under sect.	odicate expense intion of options. definitions only ion 6033(b)(8) of ion 162(e) of the	

Registrant Name Capitol Associates, Inc. Client Name	Urban Health Care Coalition of Pennsylvania	
LOBBYING ACTIVITY, Select as many codes as necessary to reflect the of the client during the reporting period. Using a separate page for earneeded.	general issue areas in which the registrant engaged in lobbying code, provide information as requested. Attach additions	ng on behalf al page(s) as
15. General issue area code MMM (one per page)		
16. Specific lobbying issues		
Medicare and Medicaid issues affecting urban hospitals		
Monitor status of:		
Implementation of the Balanced Budget Act of 1997, throu Monitor and track deliberations on Medical payment	gh Rules & Regulations by Health Care Financing Adm s affecting urban hospitals.	inistration.
17. House(s) of Congress and Federal agencies contacted	Check if Nape	
House Senate Health Care Financing Administration		
18. Name of each individual who acted as a lobhyist in this issue area	1	
Name Debra M. Hardy Havens	Covered Official Position (if applicable)	New
William A. Finerfrock		
NIND THE PROPERTY OF THE PROPE		
	and become an extension of the least of the	1
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to A to the total and the tota		
19. Interest of each foreign entity in the specific issues listed on line 16 at	rove 🖾 Check if Nane	
:		
Signeture		
Printed Name and Title Debra M. Hardy Havens, CEO		
Form LD-2 (Rev. 06/98)	PAGE	r <u>3</u>

legistrant Name Capitol Associates, Inc. Client Nume Urban Health Care Condition of Pennsylvania						
20. Client new address	e Page - Complete ON	LY where registration informat	ion has changed.			
20. Chem new address			:			
21. Client new principal pla		from line 20)				
City		State/Zip (or Country)				
22. New general description	n of client's business or act	ivities				
LOBBYIST UPDATE 23. Name of each previo		who is no longer expected to ac	t as a lobbyist for the clien	t.		
ISSUE UPDATE 24. General lobbying issue	es previously reported th	at ne longer pertain	_			
BUD						
AFFILIATED ORGAN 25. Add the following affi			•			
Name		Address Principal Place of Business (city and state or country)				
26. Name of each previous FOREIGN ENTITIES 27. Add the following for	***************************************	that is no longer affiliated with	the registrant or client			
Name	Address	Principal place of business (city and state or country)	Amount of contribution for tobbying activities	Ownership percesses in client		
28. Name of each previous or affiliated organization	sly reported foreign entit na M. Huby Hu	y that no longer owns, or confi	d. i.	e registrant, client		
Printed Name and TitleD	ghra M. Hardy Havens, (CFO .				
Form L.D-2 (Rev. 6/98)				Page 3 of 3		