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LOBBYING REPORT

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

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 # 8101-862
7. Client Name Healthcare Billing and Management Association	<input type="checkbox"/> Self	6. House ID # 30813084	

TYPE OF REPORT 8. Year 2000 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	
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 60,000 Income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See Instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Debra M. Hardy Havens  
Printed Name and Title Debra M. Hardy Havens, CEO  
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Registrant Name Capitol Associates, Inc.

Client Name Healthcare Billing and Management Association

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

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

16. Specific lobbying issues

Medicare laws and regulations affecting third party billers  
Medicare and Medicaid fraud and abuse legislation

- H.R. 4770 Medicare Guaranteed and Defined Rx Benefit and Health Provider Relief Act of 2000
- H.R. 5661 Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000
- H.R. 5543 Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000
- H.R. 4577 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2001
- H.R. 2614 Certified Development Company Program Improvements Act of 1999
- H.R. 4680 Medicare Rx 2000 Act
- S. 3016 Medicare Temporary Drug Assistance Act
- S. 3017 Medicare Temporary Drug Assistance Act
- S. 3077 Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 2000
- S. 3165 Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 2000

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

☐ Check if None

House  
Senate  
Health Care Financing Administration  
Department of Health and Human Services  
General Accounting Office

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
William A. Finerfrock, Vice President		<input type="checkbox"/>
Matthew Williams, Associate		<input type="checkbox"/>
Deb Hardy Havens, CEO		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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, CEO

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