

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

SECRETARY OF THE SENATE

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 2009 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 type="checkbox"/> ⇒ <u>\$ 20,000</u> 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

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

Fraud and Abuse legislation relative to the Medicare program

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

House
Senate
Health Care Financing Administration
General Accounting Office
HHS Inspector General's Office

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

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