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



## LOBBYING REPORT

1. Registrant Name	
Capitol Associates, Inc.	110110110110110110101010101010101101101
2. Address	
426 C Street, NE, Washington, DC 20002	***************************************
3. Principal Place of Business (if different from line 2)	
City: State/Zip (c	r Country)
4. Contact Name Te.	ephone E-mail (optional)
Debra M. Hardy Havens (20	2) 544-1880 dh@capitolassociates.com
7. Client Name	
Health Quest	
<ul> <li>Check if this filing amends a previously filed version of this</li> <li>Check if this is a Termination Report</li></ul>	Date 3/01/01 11. No Lobbyin
0. Check if this is a Termination Report	Date 3/01/01 11. No Lobbyin
0. Check if this is a Termination Report   → Termination  INCOME OR EXPENSES - Complete Either L	Date 3/01/01 11. No Lobbyin ine 12 <b>OR</b> Line 13
<ul> <li>O. Check if this is a Termination Report</li></ul>	Date 3/01/01 11. No Lobbyin  ine 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this
<ul> <li>O. Check if this is a Termination Report</li></ul>	Date 3/01/01 11. No Lobbyin  ine 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this period were:
0. Check if this is a Termination Report   Termination  INCOME OR EXPENSES - Complete Either L  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more   ⇒ \$ 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	Date 3/01/01 11. No Lobbying ine 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this period were:  Less than \$10,000 \[ \]  \$10,000 or more \[ \] \Rightarrow \$
<ul> <li>O. Check if this is a Termination Report    Termination    INCOME OR EXPENSES - Complete Either L  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more    \$\$\sim_{\sum_{0.000}} \frac{60,000}{\text{Income (nearest \$20,000)}}\$  Provide a good faith estimate, rounded to the nearest \$20,000,</li> </ul>	11. No Lobbying ine 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this period were:  Less than \$10,000  \$10,000 or more  \$\Begin{array}{c} \sum_{\text{Expenses}} \text{(nearest \$20,0)} \\  14. REPORTING METHOD. Check box to indicate the content of the conten
0. Check if this is a Termination Report   INCOME OR EXPENSES - Complete Either L  12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:  Less than \$10,000 □  \$10,000 or more   \$\Begin{array}{c} \int \frac{60,000}{\text{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	11. No Lobbying ine 12 OR Line 13  13. Organizations  EXPENSES relating to lobbying activities for this period were:  Less than \$10,000  \$10,000 or more  \$\Bigsim \text{Expenses (nearest \$20,0)}\$  14. REPORTING METHOD. Check box to indicaccounting method. See Instructions for description)

Registrant Name Capitol Assoc	ates, Inc.	Client Name Health Quest
	of the client du	odes as necessary to reflect the general issue areas in which the ring the reporting period. Using a separate page for each coage(s) as needed.
15. General issue area code	MMM	(one per page)
16. Specific lobbying issues		
Medicare Hospital Geo	graphic Reclass	sification .
17. House(s) of Congress and	Federal agencie	es contacted
House Senate		
18. Name of each individual w	ne	Obbyist in this issue area  Covered Official Position (if applicable)
William A. Finerfrock, Vice Pre	sident	
Matthew Williams, Associate		
		······································
19. Interest of each foreign ent	ity in the specif	fic issues listed on line 16 above
Signature		
Printed Name and Title <u>Debra M</u>	I. Hardy Havens	s, CEO
Form LD-2 (Rev. 06/98)		PAGE 2