

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page PH 1: 37

1. Registrant Name Capitol Associates, Inc.				H. D.	
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 # 8101-684	
7. Client Name National Association of Medical Equipment Suppliers				<input type="checkbox"/> Self	6. House ID # 30813064

TYPE OF REPORT 8. Year 1999 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

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

Registrant Name Capitol Associates, Inc. Client Name National Association for Medical Equipment Suppliers

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

Surety Bond requirements for Durable Medical Equipment

Competitive Bidding Demonstration project for Durable Medical Equipment

Legislation authorizing Home Medical Equipment providers to submit faxed certificates of medical necessity for Medicare reimbursement, in lieu of an original.

Establishment of national Medicare certification standards as a condition of participation for home medical equipment services.

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

House
Senate
Health Care Financing Administration

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 Health Policy		<input type="checkbox"/>
Debra M. Hardy Havens, CEO		<input type="checkbox"/>
Julie Shroyer, Associate		<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