

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

SECRETAR<sup>R</sup>

### LOBBYING REPORT

05 FEB

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 I 8101-874
7. Client Name <input type="checkbox"/> Self American Association for Marriage and Family Therapy			6. House II 30813083

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇒ Termination Date 12-25-04 11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p><b>INCOME</b> 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 type="checkbox"/> ⇒ \$ <u>20,000</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><b>EXPENSES</b> relating to lobbying activities for the 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><b>14. REPORTING METHOD.</b> Check box to indicate reporting method. See Instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA disclosure</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature

*Debra M. Hardy Havens*

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

Registrant Name Capitol Associates, Inc. Client Name American Association for Marriage and Family Therapy

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare reimbursement for Marriage and Family Therapists  
 H.R. 1655, Seniors Mental Health Access Improvement Act of 2003  
 S. 310, Seniors Mental Health Access Improvement Act of 2003  
 S. 646, Medicare Mental Health Modernization Act of 2003  
 H.R. 1340, Medicare Mental Health Modernization Act of 2003  
 Tax deductibility of expenses incurred for mental health services provided by a marriage and family therapist.

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

House  
 Senate  
 Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
William A. Finerfrock, Vice President	
Debra Hardy Havens, President	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check

Signature

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

PAGE 2 of

