

Cliff of the House of Representatives
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Washington, DC 20515

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LOBBYING REPORT

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	Telephone	E-mail (optional)	5. Senate ID #
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101-1077
7. Client Name	<input type="checkbox"/> Self	6. House ID #	
DeBrunner and Associates		30813000	

TYPE OF REPORT 8. Year 2001 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 3/1/01 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 ☐

\$10,000 or more ☒ ⇒ \$ 20,000
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 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of

- ☐ **Method A.** Reporting amounts using LDA definition
- ☐ **Method B.** Reporting amounts under section 6011 of the Internal Revenue Code
- ☐ **Method C.** Reporting amounts under section 162(h) 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 DeBrunner and Associates

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

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

16. Specific lobbying issues

Medicare Reform

Medicare and Medicaid Disproportionate Share program

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

☐ Check if None

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	
Matthew Williams, Associate	
Julie Shroyer, Vice President	
Debra Hardy Havens	

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

