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

SECRETA O4 AUG

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) -All Filers Are Required to Complete This Page

| 1. Registrant Name Capitol Health Group, LLC | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ouite 200M OC 20005-6104 |
| Principal Place of Business (if different from line 2) City State/Zip (or Country) | |
| · | (optional) 5. Senate ID # a@caphg.com |
| 7. Client Name | 6. House ID # 35502009 |
| 9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report □ >> Termination INCOME OR EXPENSES - Complete Either | Date 11. No Lobby |
| 12. Lobbying Firms | 13. Organizations |
| INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 | EXPENSES relating to lobbying activities for this reperiod were: Less than \$10,000 |
| \$10,000 or more $\boxtimes >> $$ | \$10,000 or more $\square >> \$$ Expenses (nearest \$2 14. REPORTING METHOD. Check box to indicat |
| 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). | accounting method. See instructions for description o Method A. Reporting amounts using LDA defini Method B. Reporting amounts under section 603 the Internal Revenue Code |
| | Method C. Reporting amounts under section 162 Internal Revenue Code |

Filing #c4442b73-5d50-4ce4-aff3-7f0d197913ff - Page 1 of 6

Thata 7/30/2004

| Signature / / / | | טמוכ . | | |
|------------------------|---------------------------|--------|------|---|
| Printed Name and Title | Layna Peltier - Principal | | | P |

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| strant Name: | Capitol Health Group, LLC | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| it Name: | National Association of Psychiatric Hea | lth Systems | | |
| ged in lobbyin | g on behalf of the client during the reporting | ng period. Using a separate page for each code, provide | | |
| 15. General issue area code <u>HCR</u> (one per page) | | | | |
| | | System | | |
| | | | | |
| | | | | |
| | | | | |
| Department of Executive Of | of Health & Human Services fice of the President | ☐ Check if None | | |
| Name of each | individual who acted as a lobbyist in this i | ssue area | | |
| Name | | Covered Official Position (if applicable) | | |
| Bromberg, M | Iichael | | | |
| Coughlin, Sh | awn | | | |
| Jenning, Stev | ve . | | | |
| Peltier, Layn | a | | | |
| | | | | |
| | | | | |
| . === | | | | |
| | | | | |
| Interest of eac | ch foreign entity in the specific issues listed | l on line 16 above 🔀 Check if None | | |
| | BYING ACT ged in lobbyin mation as requ General issue Specific Lobb Implementati House(s) of C Department of Executive Of House of Rep Senate Name of each Name Bromberg, M Coughlin, Sh Jenning, Stev Peltier, Layn | BYING ACTIVITY. Select as many codes as necessary ged in lobbying on behalf of the client during the reporting mation as requested. Attach additional page(s) as needed. General issue area code HCR (one per page) Specific Lobbying issues Implementation of Psychiatric Prospective Payment Services Executive Office of the President House of Representatives Senate Name of each individual who acted as a lobbyist in this is Name Bromberg, Michael Coughlin, Shawn Jenning, Steve Peltier, Layna | | |

7/30/2004

| Signature | | раце | |
|------------------------|---------------------------|------|----------|
| Printed Name and Title | Layna Peltier - Principal | | . Pa |

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| ægi | strant Name: | Capitol Health Group, LLC | |
|------|------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Clie | nt Name: | National Association of Psychiatric Hea | alth Systems |
| enga | ged in lobbyir | | to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide. |
| 15. | General issue | area code MMM (one per page) | |
| 16. | Specific Lobb Implementat | oying issues tion of Psychiatric Prospective Payment : | System |
| | | | |
| | | | |
| | | | |
| | | ~ | ☐ Check if None |
| 17. | Department Executive O | Congress and Federal agencies contacted of Health & Human Services ffice of the President presentatives | ☐ Check if None |
| 18. | Name of eacl | h individual who acted as a lobbyist in this | issue area |
| | Name | | Covered Official Position (if applicable) |
| | Bromberg, N | Michael | |
| | Coughlin, SI | hawn | |
| | Jenning, Ste | ve | |
| | Peltier, Layı | na | |
| | | | |
| | | | |
| | | | |
| 19. | Interest of ea | ch foreign entity in the specific issues liste | d on line 16 above 💢 Check if None |

| Signature | | Date | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|------------------------|---------------------------|------|-----------------------------------------|------|
| Printed Name and Title | Layna Peltier - Principal | | | _ Pa |