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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **AUG -6**

| | | | |
|--|--|------------------------------------|--|
| 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 ID # 8101-886 | | | |
| 7. Client Name California Association of Marriage and Family Therapy | | <input type="checkbox"/> Self | 6. House ID # 30813085 |

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☒ OR Year End (July 1-Dec)

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

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input type="checkbox"/> ⇒ \$ <u>40,000</u> | \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ |
| Income (nearest \$20,000) | Expenses (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). | 14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definition |
| | <input type="checkbox"/> Method B. Reporting amounts under section 603 the Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code |

Signature

Debra M. Hardy Havens

Printed Name and Title **Debra M. Hardy Havens, CEO**



LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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 reimbursement for Marriage and Family Therapy services in general
H.R.898., Seniors Mental Health Access Improvement Act of 2001
S.690, Medicare Mental Health Modernization Act of 2001
H.R.1522,. Medicare Mental Health Modernization Act of 2001
S.1030, Rural Health Care Improvement Act of 2001
H.R.2157, Rural Health Care Improvement Act of 2001
Health Care Safety Net Amendments of 2001 (no bill number)

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

☐ Check if None

House
Senate
Medicare Payment Advisory Commission
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, CEO | |
| | |
| | |
| | |

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



Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Julie Shroyer

ISSUE UPDATE24. General lobbying issues previously reported that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|--|
| | | |

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage client |
|------|---------|--|---|-----------------------------------|
| | | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant or affiliated organization

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO

Form LD-2 (Rev. 6/98)

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