

LOBBYING REPORT 00 FEB 11 PM 2:53

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

| | | | |
|--|------------------------------------|--|-----------------------------------|
| 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 # 8101-672 |
| 7. Client Name Urban Health Care Coalition of Pennsylvania | <input type="checkbox"/> Self | | 6. House ID # 30813065 |

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

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

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

Medicare and Medicaid issues affecting urban hospitals

H.R. 3426, Medicare, Medicaid S-Chip Refinement Act of 1999

H.R. 3075, Medicare Refinement Act of 1999

S. 1788, Medicare, Medicaid S-Chip Refinement Act of 1999

S. 1895, Medicare Preservation and Improvement Act of 1999

S. 1725, Drug Gap Insurance for Seniors Act of 1999

H.R. 3086, Medicare Benefit Equity and Emergency Access to Prescription Drugs Act of 1999

Monitor status of:

Implementation of the Balanced Budget Act of 1997, through rules and regulations by Health Care Financing Administration. Monitor and track deliberations on Medical payments affecting urban hospitals.

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 |
|-----------------------|---|--------------------------|
| Debra M. Hardy Havens | | <input type="checkbox"/> |
| William A. Finerfrock | | <input type="checkbox"/> |
| | | <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

Form LD-2 (Rev. 06/98)

PAGE 2 of 3

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 UPDATE

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

BUD

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 in client |
|------|---------|--|---|--------------------------------------|
| | | | | |

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

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO