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

CRETARY OF

03 FEB 13

LOBBYING REPORT

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

1. Registrant Name

Capitol Health Group, LLC

2. Registrant Address ☐ Check if different than previously reported
Address **1100 New York Avenue, NW**   **Suite 200M**
City **Washington**   State/Zip (or Country)   **DC   20005-3934**

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 #

Layna Peltier   **202-216-2255**   **Layna@caphg.com**

7. Client Name ☐ Self   6. House ID #

Greater New York Hospital Association   **35502004**

TYPE OF REPORT   8. Year __2002__   Midyear (January 1-June 30) ☐   OR   Year End (July 1-De

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 Lobb

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 re period were:
Less than $10,000 ☐	Less than $10,000 ☐
$10,000 or more ☒ >> $ **$20,000.00** Income (nearest $20,000)	$10,000 or more ☐ >> $ _____ Expenses (nearest $

(left column continued):
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).

(right column continued):
14. REPORTING METHOD. Check box to indica accounting method. See instructions for description o

☐ **Method A.** Reporting amounts using LDA defin

☐ **Method B.** Reporting amounts under section 60 the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 16 Internal Revenue Code

Signature _____ Date __1/31/2003_____

Printed Name and Title __Shawn Coughlin - Principal & COO_____ P

Registrant Name: **Capitol Health Group, LLC**

Client Name: **Greater New York Hospital Association**

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   **HCR**_____ (one per page)

16.   Specific Lobbying issues
**H.CON.RES.353, Establishing the congressional budget for the United States Government for fiscal year 20 forth appropriate budgetary levels for each of fiscal years 2004 through 2007,
H.R.3448, Public Health Security and Bioterrorism Response Act of 2001,
H.R.4600, Help Efficient, Accessible, Low Cost, Timely Health Care (HEALTH) Act of 2002,
H.R.4954, Medicare Modernization and Prescription Drug Act of 2002,
S.812, Greater Access to Affordable Pharmaceuticals Act of 2001,
S.CON.RES.100, An original concurrent resolution setting forth the congressional budget for the United St Government for fiscal year 2003 and setting forth the appropriate budgetary levels for each of the fiscal yea through 2012,**

17.   House(s) of Congress and Federal agencies contacted   ☐ Check if None
**Department of Health & Human Services
Executive Office of the President
House of Representatives
Senate**

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

Name	Covered Official Position (if applicable)
Bromberg, Michael	
Coughlin, Shawn	
Jenning, Steve	
Peltier, Layna	

19.   Interest of each foreign entity in the specific issues listed on line 16 above   ☒   Check if None

Signature _____   Date __1/31/2003_____

Printed Name and Title __Shawn Coughlin - Principal & COO_____ P

Registrant Name: __Capitol Health Group, LLC__

Client Name: __Greater New York Hospital Association__

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

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Signature _____   Date 1/31/2003 _____

Prined Name and Title   **Shawn Coughlin - Principal & COO** _____   P: