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### LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page PM 3:50

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 <input type="checkbox"/> Self California Association of Marriage and Family Therapy			6. House ID # 30813085

**TYPE OF REPORT** 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-D

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 r 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
	<input type="checkbox"/> Method A. Reporting amounts using LDA defin
	<input type="checkbox"/> Method B. Reporting amounts under section 6 the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 1 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 engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each 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)  
S. 1760, Seniors Mental Health Access Improvement Act of 2001

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	
Debra Hardy Havens, CEO	
Matthew Williams, Associate	

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



Registrant Name Capitol Associates, Inc.

Client Name California Association of Marriage and Family Therapists

**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

Matthew Williams

**ISSUE UPDATE**

24. 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	Owner percent 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

Printed Name and Title Debra M. Hardy Havens, CEO

Form LD-2 (Rev. 6/98)

Page 3 of

