

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page 3: 49

1. Registrant Name

Capitol Associates, Inc.

2. Address ☐ 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

Telephone

E-mail (optional)

5. Senate ID #
8101-113

Debra M. Hardy Havens

(202) 544-1880 dh@capitolassociates.com

7. Client Name

Association of Surgical
Technologists

☐
Self

6. House ID #
30813015

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

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ 20,000
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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of

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

☐ **Method B.** Reporting amounts under section 6032 of the Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162 of the Internal Revenue Code

Signature

Printed Name and Title Debra M. Hardy Havens, CEO



Registrant Name Capitol Associates, Inc.

Client Name Association of Surgeons

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional pages if needed.

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

16. Specific lobbying issues

Medicare Reimbursement for first assisting at surgery

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	

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

Signature _____

Printed Name and Title Debra M. Hardy Havens, CEO



Registrant Name Capitol Associates, Inc.

Client Name Association of Surgical Technologists

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

