

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

LOBBYING REPORT

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

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 8101-874			
7. Client Name American Association of Marriage and Family Therapy		<input type="checkbox"/> Self	6. House ID 30813083

TYPE OF REPORT 8. Year 2001 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:	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> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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 c
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6011 of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code

Signature

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 engaged in lot of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additi 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
Center for Medicare and Medicaid Services
Medicare Payment Advisory Commission

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



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

Matthew Williams

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 Bus (city and state or cour

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 percen 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

