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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page 2 PH 3:

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 8101-113			
7. Client Name MedReview		<input type="checkbox"/> Self	6. House ID 30813015

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 7/15/2001

11. No Lobbying Act ☐

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 checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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 accounting method. See Instructions for description. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6621 of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(h) of the Internal Revenue Code

Signature

Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO

[REDACTED]

Registrant Name Capitol Associates, Inc.

Client Name MedReview

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

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

16. Specific lobbying issues

Medicare fraud and abuse issues

Medicare quality assurance issues

Medicare payment issues

Development of a claims review program for Medicare Part A

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House

Senate

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

Edward Long

Debra Hardy Havens

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

