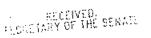
Clerk of the House of Representatives Legislative Resource Center B-10d Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Region 13 PH 12 - 54 L. 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) State/Zip (or Country) 5. Senate ID # E-mail (optional) 4. Contact Name Telephone 8101-874 Debra M. Hardy Havens (202) 544-1880 dh@capitolassociates.com 7. Clien Name 6. House ID # 🗀 Self 30813083 American Association for Marriage and Family Therapy OR Year End (July 1-December 31) TYPE OF REPORT 8. Year 2000 Midyear (January I-June 30) 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 13. Organizations 12. Lobbying Firms EXPENSES relating to lobbying activities for this reporting period were: INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 🔲 Less than \$10,000 🔲 \$10,000 or more ⇒ \$ Expenses (nearest \$20,000) REPORTING METHOD. Check box to indicate expense accounting method. See Instructions for description of options. \$10,000 or more 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 chent). Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the internal Revenue Code Method C. Reporting amounts under section 162(e) of the internal Revenue Code Printed Name and Title Debra M. Hardy Havens, CEO Form LD-2 (Rev. 06/98) PAGE 1 of __4

Q	ne American Association for Marriage and Fan	
LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the reportin information as requested. Attach additional page(s) as needed	y to reflect the general issue areas in which the g period. Using a separate page for each co	e registrant de, provide
15. General issue area codeMMM(one per p	age)	
16. Specific lobbying issues		
H.R. 2945, The Seniors Mental Health Acces H.R. 5661, Medicare, Medicaid, and SCHIP Protection Act of 2000	Beneurz mibrosement am	
H. R. 5543, Medicare, Medicaid, and SCHIP Protection Act of 2000 H. R. 4577, Departments of Labor, Health and Protect Agranges Appropriations Act. 20	Benefits Improvement and	
H.R. 4577, Departments of Labor, Health and Related Agencies Appropriations Act, 20	f Human Services, and Education,	
M.R. 4577, Departments of Labor, Health and Related Agencies Appropriations Act, 2014. Certified Development Company S. 3016, Medicare Temporary Drug Assistant S. 3017, Medicare Temporary Drug Assistant S. 3077, Medicare, Medicaid, and SCHIP Ba	Program Improvements Act of 1999 the Act the Act	-
3144)		
S. 3165, Medicare, Medicaid, and SCHIP Ba		
H.R. 4770 - Medicare Guaranteed and Defined S. 2807 - Medicare Prescription Drug and Mod S. 2758 - Medicare Prescription Drug Act of 200 S. 1895 - Medicare Prescription and Improvem S. 2541 - Medicare Expansion for Needed Drug S. 2753 - Medicare Expansion for Needed Drug S. 2753 - Medicare Expansion for Needed Drug	Rx Benefit and Health Provider Relief Act of 2 emization Act of 2000 ont Act of 1999 as a constant of the second control of the seco	600
17. House(s) of Congress and Federal agencies contacted	Check if None	
House Sengte Department of Health and Human Services Health Care Financing Administration		
18. Name of each individual who acted as a lobbyist in this is	sue area Covered Official Position (if applicable)	New
Debra Hardy Havens		
Julie E. Shroyer		
Bill Finerfrock		
°	Material Control of the Control of t	
°		
°	Material Control of the Control of t	
19. Interest of each foreign entity in the specific issues listed Signature		
19. Interest of each foreign entity in the specific issues listed	on line 16 above 🖾 Check if None	
19. Interest of each foreign entity in the specific issues listed Signature		

	ame American Association for Marriage and Fan	nily Therapy
the size of		:
LOBBYING ACTIVITY. Select as many codes as necessal engaged in lobbying on behalf of the client during the reportintormation as requested. Attach additional page(s) as needed	ry to reflect the general issue areas in which thing period. Using a separate page for each cod.	ne registrant de, provide
15. General issue area code HCR (one per pa	ge)	•
•		174
16. Specific lobbying issues		
Recognition of marriage and family therap Employees Health Benefits Program in legisl	ists as a covered health care professional in ative proposals and executive branch actions.	the Federal
17. House(s) of Congress and Federal agencies contacted	Check if None	
House Senate Office of Personnel Management		
18. Name of each individual who acted as a lobbyist in this is	fene atea	1 1
Name	Covered Official Position (if applicable)	New
Debra Hardy Havens		
Julie E. Shroyer		
Bill Finerfrock		
чен на пол на оченения выполняющей на полекте и политичения выполняющей на политичения выполняющей на политиче		
19. Interest of each foreign entity in the specific issues listed	on line 16 above	1 **- 1
Signature	. :	
Printed Name and Title Debra M. Hardy Havens, CEO		
•		
·		
Form LD-2 (Rev. 05/98)	PAGE3 of4_	

Registrant Name Capitol	Associates, inc.	Unent Name American	I MANOCIMETOR FOR WINDSHIPS	ANG PARKIT TROIDS
Information Update	Page - Complete ON	LY where registration informati	on has changed.	
20. Client new address				
21. Client new principal place				
City		State/Zip (or Country)		
22. New general description				ž.
LOBBYIST UPDATE 23. Name of each previou	isly reported individual	who is no longer expected to act	as a lobbyist for the client	·-
ISSUE UPDATE 24. General tobbying issue	s previously reported th	at no longer pertain		
AFFILIATED ORGAN 25. Add the following affil				
Name '		Address	Principal Place of Business (city and state or country)	
26. Name of each previous	ly reported organization	n that is no longer affiliated with	the registrant or client	
FOREIGN ENTITIES 27. Add the following fore	ign entities			
Name	Address	Principal place of business (city and state or overstry)	Amount of contribution for lebbying activities	Ownership percentage in citens
*		\$ 100 mm 1		
28. Name of each previous or affiliated organization	aly reported foreign ention	ity that no longer owns, or contr	rols, or is affiliated with th	e registrant, client
Signature		Date		***********
argnarare				
Printed Name and Title				