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CLERK OF THE SENATE

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page **Page 13 PH12-54**

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 for Marriage and Family Therapy	<input type="checkbox"/> Self		6. House ID # 30813083

TYPE OF REPORT 8. Year 2000 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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> \Rightarrow \$ <u>40,000</u> 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"/> \Rightarrow \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Debra M. Hardy Havens

Printed Name and Title Debra M. Hardy Havens, CEO

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

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

16. Specific lobbying issues

H.R. 2945, The Seniors Mental Health Access Improvement Act
H.R. 5661, Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000
H.R. 5543, Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000
H.R. 4577, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2001
H.R. 2614, Certified Development Company Program Improvements Act of 1999
S. 3016, Medicare Temporary Drug Assistance Act
S. 3017, Medicare Temporary Drug Assistance Act
S. 3077, Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 2000
S. 3165, Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 2000
H.R. 4680 - Medicare Rx 2000 Act
H.R. 4770 - Medicare Guaranteed and Defined Rx Benefit and Health Provider Relief Act of 2000
S. 2807 - Medicare Prescription Drug and Modernization Act of 2000
S. 2758 - Medicare Outpatient Drug Act of 2000
S. 1895 - Medicare Preservation and Improvement Act of 1999
S. 2541 - Medicare Expansion for Needed Drugs
S. 2753 - Medicare Expansion for Needed Drugs

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House
Senate
Department of Health and Human Services
Health Care Financing Administration

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Debra Hardy Havens		<input type="checkbox"/>
Julie E. Shroyer		<input type="checkbox"/>
Bill Finerfrock		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

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

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

16. Specific lobbying issues

Recognition of marriage and family therapists as a covered health care professional in the Federal Employees Health Benefits Program in legislative proposals and executive branch actions.

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 issue area

Name	Covered Official Position (if applicable)	New
Debra Hardy Havens		<input type="checkbox"/>
Julie E. Shroyer		<input type="checkbox"/>
Bill Finerfrock		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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 UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

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	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature _____ Date _____

Printed Name and Title Debra M. Hardy Havens, CEO

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