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LOBBYING REPORT 05 FEB 14 PM 11:43

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 District 8101-1
7. Client Name National Athletic Trainers Association	<input type="checkbox"/> Self		6. Hours 308131

TYPE OF REPORT 8. Year 2004 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

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for 1 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 162(e) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature *Debra M. Hardy Havens*

Printed Name and Title Debra M. Hardy ~~Wells~~, President

Form LD-2 (Rev. 06/98)

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

Medicare coverage of therapy services provided by Certified Athletic Trainers.
Definition of "incident to" services under Medicare.

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	
Daniel Price, Associate	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if No

Signature

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

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

16. Specific lobbying issues

Allied health education issues, generally
 H.R. 4016, Allied Health Reinvestment Act
 S. 2491, Allied Health Reinvestment Act
 Steroids and performance enhancing drugs.

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	
Daniel Price, Associate	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if No

Signature

