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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers are Required to Complete This Page -6 AM 9

1. 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)

City:

State/Zip (or Country)

4. Contact Name

Telephone

E-mail (optional)

5. Senate ID #

Debra M. Hardy Havens

(202) 544-1880

dh@capitolassociates.com

8101-618

7. Client Name

☐ Self

6. House ID #

Texas NF Foundation

30813067

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000 ☒

\$10,000 or more ☐ ⇒ \$ _____
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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000 ☐

\$10,000 or more ☐ ⇒ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of method.

☐ Method A. Reporting amounts using LDA definition

☐ Method B. Reporting amounts under section 6032 of the Internal Revenue Code

☐ 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

[REDACTED]

Registrant Name Capitol Associates, Inc. Client Name Texas NF Foundation

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

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

16. Specific lobbying issues

H.Con.Res.83, Establishing the congressional budget for the U.S. Government for fiscal year 2002, congressional budget for the U.S. Government for fiscal year 2001, and setting forth appropriate budgetary le of fiscal years 2003 through 2011.

S.Con.Res.20, A concurrent resolution setting forth the congressional budget for the U.S. Government for 2002.

S.Res.19, A resolution to express the sense of the Senate that the Federal investment in biomedical research increased by \$3,400,000 in fiscal year 2002.

H.R. ___, Departments of Labor, Health and Human Services and Education and Related Agencies Approp 2002.

H.R. ___, Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Ar Act, 2002.

H.R. ___, Department of Defense Appropriations Act, 2002.

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

House Department of Health and Human Services
Senate
Department of Defense

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

Name	Covered Official Position (if applicable)
Edward Long	
Ronnie Tepp	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____



Registrant Name Capitol Associates, Inc. Client Name Texas NF Foundation

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	Owner: percent 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 _____

