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LOBBYING REPORT

03 AUG 12 PM 3:53

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	Telephone	E-mail (optional)	5. Senate ID #
Debra M. Hardy Havens	(202) 544-1880	dh@capitolassociates.com	8101-746
7. Client Name	<input type="checkbox"/>		6. House ID #
Illinois NF, Inc.	Self		30813071

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-December)
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>10,000</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 this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 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
Filing #19c5889c-6cd8-4db6-a5a4-d7d849c8a6c7 - Page 1 of 4

Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

PAGE 1 of _

Registrant Name Capitol Associates, Inc.

Client Name Illinois NF, Inc.

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

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

16. Specific lobbying issues

H.J.RES.2 : Joint Resolution making consolidated appropriations for the fiscal year ending September 30, 2003, and for other purposes.
H.R.246 : Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2003, and for other purposes.
H.R.2660 : Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2004, and for other purposes.
S.1356 : An original bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2004, and for other purposes.
H.R.2658 : Making appropriations for the Department of Defense for the fiscal year ending September 30, 2004, and for other purposes.
S.1382 : An original bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2004, and for other purposes.

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

Check if None

House Department of Defense
Senate Department of Health and Human Service
Department of Veterans Affairs

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

Name	Covered Official Position (if applicable)
Ed Long	
Andrew Brecher	

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, President

