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**LOBBYING REPORT**

02 AUG 13 AM 9:

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	8101-443
7. Client Name	<input type="checkbox"/> Self		6. House ID #
NF, Inc. - Mass Bay Area			30813055

**TYPE OF REPORT** 8. Year 2002 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

<b>INCOME OR EXPENSES - Complete Either Line 12 OR Line 13</b>	
<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ 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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See Instructions for description</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>

Signature Debra M. Hardy Havens  
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 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 BUD (one per page)

16. Specific lobbying issues

S 2766 – Departments of Labor, Health and Human Services, and Education and Related Agencies Appro 2003. Title II – increased funding for the National Institutes of Health

HR 5010 – Department of Defense Appropriations Act. Title IV – increased funding for NF research

S. 2797 - Department of Veterans Administration, Housing and Urban Development and Related Agencies  
HR - Department of Veterans Administration, Housing and Urban Development and Related Agencies

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, 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

Ronnie Tepp

**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	Owned by 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 \_\_\_\_\_

Printed Name and Title Debra M. Hardy Havens, CEO

