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**LOBBYING REPORT**

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	8101-1130
7. Client Name	<input type="checkbox"/>		6. House ID #
NF Association of Arizona	Self		30813105

**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"><b>12. Lobbying Firms</b></p> <p>INCOME 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>EXPENSES relating to lobbying activities for this 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 of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de-</p> <p><input type="checkbox"/> Method B. Reporting amounts under section _____ of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section _____ of the Internal Revenue Code</p>
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Signature



  
Printed Name and Title Debra M. Hardy Havens, President

Form LD-2 (Rev. 06/98)

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Registrant Name Capitol Associates, Inc.

Client Name NF Association of Arizona

**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 code, provide information as requested. Attach additional page(s) as needed.**

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

16. Specific lobbying issues

H.R. 4818, The Consolidated Appropriations Act of 2005

H.J. Res. 115: Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 12/8/04)

H.J. Res. 114: Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 12/3/04)

H.J. Res. 107: Making further continuing appropriations for the fiscal year 2005 (Continuing appropriations through 11/20/04)

H.R. 5006/S. 2810: Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2005

H.R. 4613/S. 2559: Department of Defense Appropriations Act, 2005

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

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

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

Name	Covered Official Position (if applicable)
Ed Long, Senior Vice President, Congressional Relations	
Katie Weyforth, Associate	

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

