Cherk of the House of Representatives Legislative Resource Center B-106 Canno Building Washington, DC 20818 Secretary of the Secote Office of Public Records 232 Hart Building Washington, DC, 20510

SECRETARY OF THE SENATE

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

1 Registrate Name				
Capitol Associates, Inc.	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Address				
426 C Street, NE, Washington, DC 20002				
3. Principal Place of Business (if different from line 2)				
City: State/Zip (or Country)			
	tione 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 Poundation		30813067		
O. Check if this filing amends a previously filed version of this O. Check if this is a Termination Report The Termination INCOME OR EXPENSES - Complete Either I.	n Date 11. No Lobbying Act	ivity 🗆		
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:			
Less than \$10,000 🖾	Less than \$10,000 🗍			
\$\$0,000 or more	\$10,000 or more			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	☐ Method A. Reporting amounts using 1.DA definitions only			
	Method B. Reporting amounts under section 6033(b)(8) of the faternal Revenue Code			
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code			
ingrapure Defra M. Henry How	<u> </u>			
rinted Name and Title Debra M. Hardy Havena CEO				

Registrant Name Capitol Associates,	Inc.	_Client Name	Texas NF Foundation		
LOBBYING ACTIVITY. Select a cngaged in lobbying on behalf of th information as requested. Attach at	e client during thi	reporting peri	flect the general issue areas in which od. Using a separate page for each	the registrant code, provide	
15. General issue area codeBU	One (one	per page)			
16. Specific tobbying issues					
H.Con.Res 290, Concurrent Resolu	tion on the Budge	t, Fiscal Year	2001, Conference Report		
H.R.4576, Making Appropriations for Other Purposes. Title IV, Support for medic		nt of Defense fo	or the Fiscal Year Ending September	30, 2001, and	
S.2593, Making Appropriations for Other Purposes. Title IV, Support for medic.	·	f Defense for t	ne Fiscal Year Ending September 30,	2001, and for	
H.R.4577, Department of Labor, Health and Human Services and Education Appropriations Act, 2001 Title I, Support for medical research					
\$.2553, Department of Labor, Heal Title 1, Support for medical		rvices and Educ	ation Appropriations Act, 2001		
H.R.4635, Departments of Veter Appropriations bill, 2001 Title I, Support for medical		Housing and	Urban Development and Independ	em Agencies	
17. House(s) of Congress and Feder	al agencies conta	cted	Check if None		
House	Department of	f Defense	•		
Senate		f Veterans Affa	irs		
Dans	DHHS Department of Education				
18. Name of each individual who ac	ted as a lobbyist	in this issue are	a		
Name			Covered Official Position (if applicable)	New	
Edward Long					
Ruanic Tepp					
			·		
19. Interest of each foreign entity in	the specific issue	s listed on line	16 above		
Signature					
Printed Name and Title Debra M. Ha	ndy Havens, CEO				
Form LD-2 (Rev. 06/98)			PAGE <u>2</u>	of _3_	

Registrant Name Capite	of Associates, Inc.	Client Name Tex	as NF Foundation	***				
Information Upda	te Page - Complete ON	(N where registration informat	ion has changed.					
20. Offent new address								
31. Client new principal pl	lace of business (if different f	rom line 20)						
City	ity State/Zip (or Country)							
	on of chent's business or activ							
·		who is no longer expected to ac	t as a lobbyist for the clien	(
ISSUE UPDATE	es previously reported that							
AFFILIATED ORGA 25. Add the following aff								
Notine		Address		Principal Place of Business (city and state or country)				
26. Name of each previou	isly reported organization	that is no longer affiliated with	the registrant or client					
FOREIGN ENTITIES								
Name	Address	Principal place of husiness (city and state or country)	Ansome of contribution for loosying activities	Ownership percentage in client				
28. Name of each previou or affiliated organizati		r that no longer owns, <u>or</u> conti	rols, <u>or</u> is affiliated with th	e registrant, cliem				
Signature		D	ate					
Printed Name and Title	Debra M. Hardy Have	ens, CFO	***************************************					
Form LD-2 (Rev. 6/98)				Page 3 of3				