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SECRETARY OF THE
06 APR -5 PM

LOBBYING REPORT

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

1. Registrant name GAGE, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 122 C Street NW Suite 380 Washington DC 20001 U			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Ms. Beth Hamilton	b. Telephone number 202 393 4262	c. E-mail beth@gage.cc	5. Senate ID # 851386
7. Client Name <input type="checkbox"/> Self Sardis Geriatric Care Facility			6. House ID # 366740

TYPE OF REPORT 8. Year 2005 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</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"/> ⇨ \$ _____</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate ex accounting method. See instructions for description of reporting method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

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[Edit Form >](#) [File](#)
Senate Password [File](#)

Signature Robert K Arensberg Digitally signed by Robert K Arensberg
DN: CN = Robert K Arensberg, C = US, O = DST Accs Unaffiliated
Individual
Date: 2006.03.13 14:24:31 -0500 Date 3/13/2006

Printed Name and Title Robert Arensberg, President



Registrant Name GAGE, LLC

Client Name Sardis Geriatric Care Facility

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

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

Robert

Arensberg

Mike

Rawson

Leo

Giacometto

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Busin (city and state or coun

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	O P cl

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant affiliated organization

Signature

Date

3/13/2006

Printed Name and Title Robert Arensberg, President

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