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LOBBYING REPORT

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

1. Registrant Name PACE-CAPSTONE			
2. Registrant Address <input checked="" type="checkbox"/> Check if different than previously reported			
Address 300 North Lee Street		Suite 500	
City Alexandria	State/Zip (or Country) VA 22314	USA	
3. Principal Place of Business (if different from line 2)			
City		State/Zip (or Country)	
4. Contact Name Jeff Johnson			5. Senate ID #
Telephone (703) 518 8600			E-mail (optional) jjohnson@pace-capstone.com
7. Client Name <input type="checkbox"/> Self FallGard LLC			6. House ID #

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) **OR** Year End (July 1-D

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 Lobl

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

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 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA defini
	<input type="checkbox"/> Method B. Reporting amounts under section 60: the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16: Internal Revenue Code

Signature _____

Date 2/14/02

Registrant Name: **PACE-CAPSTONE**

Client Name: **FallGard LLC**

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

15. General issue area code **HCR** (one per page)

16. Specific Lobbying issues
Medicare Reform, ,

17. House(s) of Congress and Federal agencies contacted
Health and Human Services
House of Representatives
Senate

Check if None

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

Name	Covered Official Position (if applicable)

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____

Date **2/14/02**

