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LOBBYING REPORT

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

1. Registrant Name <i>Foley Government & Public Affairs Inc</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>P.O. Box 61303 Potomac, MD 20859</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <i>Joseph P. Foley</i>		Telephone <i>301-294-0937</i>	E-mail (optional) _____
5. Senate ID <i>150</i>			6. House ID <i>302</i>
7. Client Name <input type="checkbox"/> Self <i>Pyrocap International Corp</i>			

TYPE OF REPORT 8. Year _____ Midyear (January 1-June 30) OR Year End (July 1-I

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 Lobby

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"/> ⇒ \$ _____ 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>13. Organizations</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 (near</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section (Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

Printed Name and Title Joseph V. Foley, President

LD-2 (REV. 6/98)



Registrant Name Foley Government & Public Affairs Inc. Client Name Pyrocap Intern

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Matters related to fire safety and extinguishment, funding for demonstrations

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

U.S. House of Representatives

U.S. Senate

Department of Commerce

Federal Emergency Management Agency

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

Name	Covered Official Position (if applicable)
Joseph P. Foley	
Ralph Gervasio	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature [Signature] Date 8/10/01

Printed Name and Title Joseph P. Foley President

PRINTED NAME AND TITLE

[Handwritten signature]

Form LD-2 (Rev.6/98)

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