

LOBBYING REPORT

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

1. Registrant Name:

PACE-CAPSTONE

2. Address:

300 N LEE ST #500, ALEXANDRIA, VA 22314

3. Principal place of business (if different from line 2):

4. Contact Name: CASSANDRA JASTROW

Telephone: 703-518-8600

E-mail (optional): cjastrow@pace-capstone.com

Senate ID #: 30495-191

House ID #: 33662017

7. Client Name: Self

INDEPENDENT BANKERS ASSN OF TX

TYPE OF REPORT

8. Year 2003 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more: => Income (nearest \$20,000): 20,000.00

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): _____

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only
 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
 Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Apr 01, 2004

2. House Identification Number _____

Senate Identification Number 21506-808

REGISTRANT

3. Registrant Name: LINDA JENCKES & ASSOCIATES
Address: 210 7TH ST SE #200
City: WASHINGTON State: DC Zip: 20003

4. Principal place of business (if different from line 3):

5. Telephone number and contact name:
202547-6808 Contact: LEE TERRETT
E-mail(optional): lterrett@kesslerassoc.com

6. General description of registrant's business or activities:
Lobby/Government Affairs

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.

Self

7. Client name: COMPRESSUS
Address: 101 CONSTITUTION AVE, NW SUITE 800
City: WASHINGTON State: DC Zip: 20001

8. Principal place of business (if different from line 7):

9. General description of client's business or activities:
Emergency Medical Resource Management

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: JENCKES, LINDA
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

HCR HOM

12. Specific lobbying issues (current and anticipated):

First Response Emergency Medical Technology

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period **and** 13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period in whole or in major part plans, supervises or controls the registrant's lobbying activities?