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Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

LOBBYING REPORT

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

1. Registrant name	
Organization	PACE-Capstone
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	300 North Lee Street, Suite 500
City	Alexandria
State	VA
Zip Code	22314
Country	USA
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Ms. Adrienne Taylor	703-518-8600 ataylor@pace-capstone.com
5. Senate ID #	30495
7. Client Name <input type="checkbox"/> Self	6. House ID #
Liberty Dialysis	33662

TYPE OF REPORT 8. Year 2006 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 Activit

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 reporting p 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 expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the I. Revenue Code</p>
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Form Com

Printed Name and Title James W. Wise, Managing Partner  08/14/06

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V _____

Registrant Name PACE-Capstone Client Name Liberty Dialysis

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** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

Healthcare, Medicare/Medicaid

17. House(s) of Congress and Federal agencies contacted None House Senate Other

CMS

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for this

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Jim	Wise		
Scott	Lane		
Vergil	Cabasco		
David	Germroth		
Gordon	Kenny		

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

Add a page for a different

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LD-2DS (Rev. 4.07)

Registrant Name PACE-Capstone

Client Name Liberty Dialysis

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

Country

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

First Name	Last Name	Suffix	First Name	Last Name	Suffi
1			3		
2			4		

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1	2	3
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Ownersl percenta client

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

1	3	5
2	4	6

Add a page for more upda

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