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LOBBYING REPORT

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

1. Registrant Name GUSTAFSON ASSOCIATES			
2. Address <input type="checkbox"/> Check if different than previously reported 1175 RESTON AVENUE			
3. Principal Place of Business (if different from line 2) City HERNDON State/Zip (or Country) VA 20170			
4. Contact Name ROBERT C. GUSTAFSON		Telephone 703-450-9066	E-mail (optional)
5. Senate ID # 55493			6. House ID # 35150
7. Client Name <input type="checkbox"/> Self INTERNS FOR PEACE			

TYPE OF REPORT 8. Year 2001 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

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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of 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 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code</p>
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Signature

Robert C. Gustafson

Printed Name and Title ROBERT C. GUSTAFSON, PRESIDENT

PA

Registrant Name GUSTAFSON ASSOCIATES Client Name INTERNS FOR PEACE

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

15. General issue area code (one per page)

16. Specific lobbying issues

No lobbying this reporting period.

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)
<u>Robert C. Gustafson</u>	

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

Check if None

Signature *Robert C. Gustafson* Date 2/8/02

Printed Name Robert C. Gustafson, President
Filing #f3a7d338-66da-44eb-b40c-9150af783645 - Page 3 of 4

Printed Name and Title ROBERT J. G. [unclear]

Form LB-2 (Rev. 6/98)

P: