

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

SECRETARY OF THE SENATE

03 DEC 22 PM 4:28

LOBBYING REPORT

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

1. Registrant Name Group W Advisors			
2. Address <input type="checkbox"/> Check if different than previously reported 13970 Stowe Drive			
3. Principal Place of Business (if different from line 2) Poway CA City: State/zip (or Country)			
4. Contact Name Joel Combs	Telephone (202) 439-4800	E-mail (optional) jcombs@groupwadvisors.com	5. Senate ID 85413-
7. Client Name <input type="checkbox"/> Self Perfect Wave Technologies			6. House ID 36499

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July

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 L

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>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 (nearest</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 c</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>

Signature J. A. Combs Date 7-18-03
Printed Name and Title Joel Combs - VP

FD-302 (REV. 4/01)

Registrant Name Group W Advisors Client Name Perfect Wave Technologies

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

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

16. Specific lobbying issues

H.R. 2658, Defense Authorization, Automated Document Conversion Funding

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Joel G. Combs	

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

Signature  Date _____

Registrant Name Group W Advisors Client Name Perfect Wave Technologies

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

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

16. Specific lobbying issues

H.R. Independent Agency (NASA) Authorization, Independent Component Analysis Funding

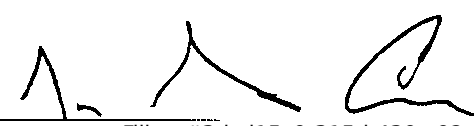
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Joel G. Combs	

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

Signature 

Date 7-18-08

Printed Name and Title

Joel Combs

Form LD-2 (Rev. 4/03)

Page 1

Registrant Name Group W Advisors Client Name Perfect Wave Technol

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

20. Client new address

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

City

State/Zip (or 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

ISSUE UPDATE

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

CPI

CPT

SCI

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place (city and state)

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

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contributi for lobbying activi

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

(Handwritten marks)

7-1X-02

Signature _____ Date _____

Printed Name and Title Joel Comb - VP

Form LD-2 (Rev. 4/03)

Page