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LOBBYING REPORT

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

1. Registrant Name Carmen Group, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1301 K Street, NW Suite 800 East City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Michael E. Russell	Telephone 202-785-0500	E-mail (optional)	5. Senate ID # 8316-1573
7. Client Name <input type="checkbox"/> Self Sensor Technologies & Systems, Inc.			6. House ID # 32029112

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


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

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> 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 reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$2</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defini</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature  Date 2/13/2004

Printed Name and Title Michael E. Russell - Chief Financial Officer Pa

Registrant Name: Carmen Group, Inc.

Client Name: Sensor Technologies & Systems, Inc.

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific Lobbying issues

Appropriations for office of Naval Research funding.

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

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

Name	Covered Official Position (if applicable)
Carter, Michael R.	
White, Sarah	Scheduler, Rep. Jim Saxton

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

Signature _____ Date **2/13/2004**

Printed Name and Title **Michael E. Russell - Chief Financial Officer** _____ Page

Registrant Name: Carmen Group, Inc.

Client Name: Sensor Technologies & Systems, Inc.

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific Lobbying issues


Border technology appropriations.

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

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

Name	Covered Official Position (if applicable)
Carter, Michael R.	
Hallett, Carol	

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

Signature  _____ Date 2/13/2004

Printed Name and Title Michael E. Russell - Chief Financial Officer _____ Pa