

Clerk of the House of Representative: Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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RECEIVED,  
SECRETARY OF THE SENATE03 OCT 14 PM 1:56  
**LOBBYING REPORT**

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

1. Registrant Name <b>Charles H. Graves</b>			
2. Address: <input type="checkbox"/> Check if different than previously reported <b>1660 L Street, NW Suite 1050; Washington, DC 20036</b>			
3. Principal Place of Business (if different from line 2)  City: _____ State/zip (or Country) _____			
4. Contact Name <b>Charles Graves</b>	Telephone <b>202-659-2229</b>	E-mail (optional)	5. Senate ID # <b>9011-36</b>
7. Client Name <input type="checkbox"/> Self <b>Corpus Christi Regional Transportation Authority</b>			6. House ID # <b>32411002</b>

**TYPE OF REPORT** 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-Dec9. 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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>32,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of o
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603: Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162: Internal Revenue Code

Signature CH Graves Date 9-25-03

Printed Name and Title Charles H. Graves

Registrant Name Charles H. Graves Client Name Corpus Christi Regional Transportation Auth

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

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

16. Specific lobbying issues

Transportation appropriations and authorization.

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

US House of Representatives  
US Senate  
US Department of Transportation

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

Name

Covered Official Position (if applicable)

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

Signature CH Graves Date 9-25-03



Registrant Name Charles H. Graves Client Name Corpus Christi Regional Transportation

**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 client

**ISSUE UPDATE**

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of (city and state or country)

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

**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

Signature

*CH Graves*

Date

*9-25-03*

