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# LOBBYING REPORT

03 FEB 24 PI

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

1. Registrant Name <u>The Raben Group</u>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>1050 17th St NW 12th FL DC 20036</u>			
3. Principal Place of Business (if different from line 2) City: <u>Same</u> State/Zip (or Country): _____			
4. Contact Name <u>Robert Raben</u>	Telephone <u>466 8585</u>	E-mail (optional) <u>robert.raben@rabengroup.com</u>	5. Senate IC <u>61458</u>
7. Client Name <input type="checkbox"/> Self <u>ACLU</u>			6. House ID <u>353</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-12/31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇒ Termination Date 1/1/02

11. No Lobbying

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</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>
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*Handwritten initials/signature*

Signature Robert Kabe

Printed Name and Title Robert Kabe | President

LD-2 (REV. 6/98)

Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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 \_\_\_\_\_ (one per page)

N/A

16. Specific lobbying issues

N/A

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

Check if None

N/A

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

N/A

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 Tal. A. Tal

Date 2/11/03

Signature \_\_\_\_\_  
Printed Name and Title Robert Kabeer / President

Form LD-2 (Rev. 6/98)

Page