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ORIGIN
SECRETARY OF

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LOBBYING REPORT

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

1. Registrant Name Goldberg Godles Wiener & Wright			
2. Address <input type="checkbox"/> Check if different than previously reported 1229 19th Street, NW			
3. Principal Place of Business (if different from line 2) Washington DC 20036 City: State/zip (or Country)			
4. Contact Name Michael McCoin	Telephone (202) 429-4900	E-mail (optional) mmccoin@g2w2.com	5. Senate ID # 16442-113
7. Client Name <input type="checkbox"/> Self Eldorado Communications, LLC			6. House ID #

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

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

10. Check if this is a Termination Report ☒ ⇔ Termination Date 12/31/2003

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <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 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 align="center">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 expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature

Michael A. McCoin

Date 08/20/2003

Signature _____

Printed Name and Title _____ Michael A. McCain, Associate

LD-2 (REV. 4/03)

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