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| 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 |
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SECRET
04 MAR**LOBBYING REPORT**

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

| | | | |
|---|------------------------------------|-------------------|----------------------------------|
| 1. Registrant Name The Charles Group | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 18630 Reliant Drive | | | |
| 3. Principal Place of Business (if different from line 2) Gaithersburg MD 20879 City: State/zip (or Country) | | | |
| 4. Contact Name Marina Charles | Telephone (301) 977-8800 | E-mail (optional) | 5. Senate ID # 53458-1 |
| 7. Client Name <input type="checkbox"/> Self Edvocracy Research | | | 6. House ID # 34953012 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dece9. 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

| | |
|---|--|
| <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 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report 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 exp accounting method. See instructions for description of op</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitic</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p> |
|---|--|

Signature _____ Date _____

Printed Name and Title _____

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PAGE 1 of

Registrant Name The Charles Group Client Name Edvocacy Research

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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

special education issues/focus on dyslexia

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

House, Senate, Dept. of Education, EOP, NIH

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

| Name | Covered Official Position (if applicable) |
|-------------------------------------|---|
| Rick Nagel | |
| Ben Bawden | |
| Jason Baker | |
| Robert Charles (ended Oct. 3, 2003) | |
| | |
| | |
| | |

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

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name The Charles Group Client Name Edvocacy Research

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

Robert Charles (ended Oct. 3, 2003)

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 Bu: (city and state or cou |
|------|---------|--|
| | | |

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 Marion T. Charles Date 1/19/04

Printed Name and Title Marina Charles, President

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