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## **LOBBYING REPORT**

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

| Registrant Name The EOP Group, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                                        |                                                                                                          |                       |                                                           | , <u>.</u>                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Registrant Address Check if different Address 819 7th Street, N.W.  City Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt than previously reported State/Zip (or Country)                                                                   | DC 2000                                                                                | )1                                                                                                       |                       |                                                           |                                                                                                       |
| Principal Place of Business (if different from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | line 2)                                                                                                              |                                                                                        |                                                                                                          |                       |                                                           |                                                                                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State/Zip (or Country)                                                                                               |                                                                                        |                                                                                                          |                       |                                                           | T                                                                                                     |
| 4. Contact Name  Michael O'Bannon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone E-1 (202) 833-8940                                                                                         | nail (optional)                                                                        |                                                                                                          |                       |                                                           | 5. Senate ID # 13712-327                                                                              |
| Client Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                        |                                                                                                          |                       |                                                           | 6. House ID# 32310031                                                                                 |
| Check if this filing amends a previous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ously filed version of th                                                                                            |                                                                                        | June 30) /28/2004                                                                                        | ⊠ OR<br>              | Year b                                                    | ` •                                                                                                   |
| O. Check if this is a Termination Repo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ously filed version of the ort × >> Terminate                                                                        | is report [ion Date 7                                                                  | /28/2004                                                                                                 | 13                    | Year I                                                    | End (July 1-De                                                                                        |
| Check if this filing amends a previous Check if this is a Termination Report INCOME OR EXPENSE  12. Lobbying Filincome relating to lobbying activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ously filed version of the ort × >> Terminal CS - Complete Eitherms                                                  | is report [ion Date 7]                                                                 | /28/2004<br>OR Line                                                                                      | 13<br>13. <b>O</b>    | rganizati                                                 | 11. No Lobb                                                                                           |
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| Check if this filing amends a previous Check if this is a Termination Report INCOME OR EXPENSE  12. Lobbying File INCOME relating to lobbying activities period was:  Less than \$10,000  \$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{ | ously filed version of the ort × >> Terminal CS - Complete Eitherms                                                  | is report  ion Date 7  her Line 12  EXPER period v  Less the  \$10,000                 | OR Line NSES relation were: an \$10,000 0 or more                                                        | 13 13. Ong to lobbyi  | erganizati ing activiti Ex                                | ions ies for this rep penses (nearest \$2 box to indicat                                              |
| Check if this filing amends a previous Check if this is a Termination Report INCOME OR EXPENSE  12. Lobbying Fig.  INCOME relating to lobbying activiting period was:  Less than \$10,000 \times \times  Income of the content of the conten                                                                                                                                                                                                                                                                                | ously filed version of the ort >> Terminal  CS - Complete Eith  rms  ies for this reporting  come (nearest \$20,000) | is report  ion Date 7  her Line 12  EXPER period v  Less the  \$10,000  14. RI account | OR Line NSES relation were: an \$10,000 0 or more EPORTING                                               | 13  13. Ong to lobbyi | erganizati ing activiti Ex D. Check ctions for            | ions ies for this rep spenses (nearest \$2 box to indicat description of                              |
| Check if this filing amends a previous Check if this is a Termination Report INCOME OR EXPENSE  12. Lobbying File  INCOME relating to lobbying activities period was:  Less than \$10,000  \$\begin{align*} \$10,000 or more  >> \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | come (nearest \$20,000)  It to the nearest e from the client nt by any other entity                                  | is report  ion Date 7  her Line 12  EXPER period v  Less the \$10,000  14. RI account  | OR Line NSES relation were: an \$10,000 0 or more EPORTING ting method ethod A. Ro                       | 13. Ong to lobbyi     | rganizati ing activiti Ex D. Check ctions for             | ions ies for this rep spenses (nearest \$2 box to indicat description of                              |
| Check if this filing amends a previous Check if this is a Termination Report INCOME OR EXPENSE  12. Lobbying Figure 1. Lobbying activities period was:  Less than \$10,000 \times 1. Lobbying activities period was:  Provide a good faith estimate, rounder \$20,000 of all lobbying related incomes the statement of the                                                                                                                                                                                                                                                                    | come (nearest \$20,000)  It to the nearest e from the client nt by any other entity                                  | is report  ion Date 7  her Line 12  EXPER period v  Less the \$10,000  14. RI account  | /28/2004 /OR Line NSES relation were: an \$10,000 0 or more EPORTING ting method ethod A. Re ethod B. Re | 13. Ong to lobbyi     | rganizati ing activiti Ex D. Check ctions for counts usin | ions ies for this rep  penses (nearest \$ box to indicat description of ng LDA defini ler section 603 |

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