

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

SECRETARY OF THE SENATE

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H.O.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 1/3/99

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name THE EARLES GROUP, INC.

Address 499 SOUTH CAPITAL ST. S.W. SUITE 520

City WASHINGTON State DC Zip 20003

4. Principal place of business (if different from line 3)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 484-0082 Contact \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

BUSINESS DEVELOPMENT, GOVERNMENT AFFAIRS

**CLIENT** A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box

labeled "Self" and proceed to line 10. ☐ Self

7. Client name EDMOND SCIENTIFIC CO.

Address 5404 SIDE BURN RD.

City FAIRFAX State VA Zip 22032

8. Principal place of business (if different from line 7)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

INTERNATIONAL DEFENSE AND HEALTH CARE MARKETING

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name                       | Covered Official Position (if applicable) |
|----------------------------|-------------------------------------------|
| <u>TERENCE J. CASTELLO</u> |                                           |
|                            |                                           |
|                            |                                           |
|                            |                                           |

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

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

### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

LBR DEF

12. Specific lobbying issues (current and anticipated)

*SEEKING RESEARCH FUNDS IN THE FISCAL <sup>2000</sup> DEFENSE AUTHORIZATION AND APPROPRIATION BILLS. ALSO, CONTACTING LABOUR DEPARTMENT OFFICIALS REGARDING PENDING REGULATIONS AND PROPOSED LEGISLATION DEALING WITH MARKET ENTRY TRADE BARRIERS.*

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇒ Go to line 14.

☐ Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Business<br>(city and state or country) |
|------|---------|------------------------------------------------------------|
|      |         |                                                            |

### FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|------------------------------------------------------------|------------------------------------------------|--------------------------------|
|      |         |                                                            |                                                |                                |

Signature \_\_\_\_\_

Date 1/6/99

Printed Name and Title

TERENCE J. CASTELLO, PRESIDENT