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THE CHARLES GROUP
ENERGY. INTEGRITY. RESULTS.

11/26/02

FOR: SECRETARY
SENATE
(Note: Similar
sent to ?)

To: Legislative Resource Center (SEVEN REGISTRATIONS)

Dear Sirs —

Responding to your request for a new set of registrations — since our name change — please 7 enclosed copies of all "lobby registrations" for the we now work with. Please note: (1) In virtually every case, less than 20% of our time (and in most cases far less) is spent on "The Hill" for the clients, thus these filings may be totally unnecessary (but are filed to cover the possible need for them, as a precaution); (2) ~~we were formerly doing business as "Direct Impact LLC, of Gaithersburg, MD."~~ — we are no longer represent anyone by that name (or under that name), and the list of those (attached) that we now represent as The Charles Group covers all those we ~~doing~~ business for on "The Hill" — thus, no other registration from that part is valid for us now. Thank you —

Robert
Char

THE CHARLES GROUP

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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Partnership for a
Drug-Free America
(formerly
349

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 11/1/02

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name The Charles Group (Formerly Direct Impact)

Address 18630 Reliant Dr.

City Gaithersburg, MD. State _____ Zip 20879

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

City (Same) State/Zip (or Country) _____

5. Telephone number and contact name

(301) 977-8800 Contact Robert Charles E-mail (optional) RCharles

6. General description of registrant's business or activities

Consulting/studies/analysis

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shall be labeled "Self" and proceed to line 10. ☐ Self

7. Client name Partnership for a Drug-Free America (PDFA)

Address 405 Lexington Ave.

City NY, NY. State 10174 Zip _____

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

City (as above) State/Zip (or Country) _____

9. General description of client's business or activities

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 this section has served as a "covered executive branch official" or "covered legislative branch official" with 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 any)
<u>Robert Charles</u>	_____
<u>Ben Bowden</u>	_____
<u>Rick Nagel</u>	_____

orm LD-1 (Rev. 06/98)



Registrant Name The Charles Group Client Name PDFA
LOBBYING ISSUES

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

ALC

12. Specific lobbying issues (current and anticipated)

Drug prevention legislation.**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the client during 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 (city and state or country)
<u>N/A</u>		

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 controls the lobbying 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 lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ 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 (city and state or country)	Amount of contribution to lobbying activities

 Signature Robert Charles Date 11/1/02

Printed Name and Title Robert Charles

Form LD-1 (Rev. 06/98)