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;
O4 OCT 27 AM,

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration /O -15		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name (BRANDON)	Associates LLC		
Address /60 Con	MONWEACH ANENUE		
City BOSTON	M State MA Zip 02/16		
4. Principal place of business (if different from line 3) City	State/Zin (or Country)		
 5. Telephone number and contact name ()6/7-695-8949 Contact 6. General description of registrant's business or activities 	t Douaco Flanca JE-mail (optional)		
labeled "Self" and proceed to line 10. Self. Se	METALS INC		
Address 4800 Sour	Hoyne Avenue State / Zip 60009		
City CHICACO	State / Zip 60009		
8. Principal place of business (if different from line 7) City	State/Zip (or Country)		
9. General description of client's business or activities	FABRICATION		
this section has served as a "covered executive bra	ed to act as a lobbyist for the client identified on line 7. If any peranch official" or "covered legislative branch official" within two we and/or legislative position(s) in which the person served. Covered Official Position (if applica)		
200,000			
Filing #16f676d5-710f-409a-b851-	co24dof01b54_Pogo 1 of 4		

Form LD-1 (Rev. 06/98)

Registrant Name Bannas	J ASSIGNATED	lient Name Corro	CARD METALS
LOBBYING ISSUE 11. General lobbying issue ar	S eas. Select all applicable co	des listed in instructions and	on the reverse side of Form LD-
<u>HOM</u>			
12. Specific lobbying issues	current and anticipated)	INITIATIVES	
AFFILIATED ORG. 13. Is there an entity other a semiannual period an No ⇒ Go to line	than the client that contrib d in whole or in major pa	rt plans, supervises or cont Yes Complete the rest	the lobbying activities of the rols the registrant's lobbying of this section for each entity, then proceed to line 14.
Name		Address	Principal Place of Bus (city and state or co
b) directly or in activities of	tity that: 20% equitable ownership directly, in whole or in me the client or any organizate of the client or any organizate.	ajor part, plans, supervises ition identified on line 13; (ization identified on line 13; on trois, directs, finances of the controls of the controls and has a direct interest in
No ⇒ Sign and da	ate the registration.		te the rest of this section for e g the criteria above, then sign tion.
Name	Address	Principal place business (city and state or c	contribution for
Signature	ald 5 tlay	wan	_ Date_ /0-19-0
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