Clerk of the House of Representatives Legislative Resource Center. B-1066Commilbuilding Washington, DC 20515

Secretary of the Senate Office of Public Records. 25521FintsBailting Washington, DC 20510

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Organization Andreae & Associates, Inc.		
2. Address Check if different than previously reported		
Address1 555 12th Street, NW	Suite 630	
City Washington State	2.6 0000 2000	4 Commy US
3. Principal place of business (if different than line 2)		
City State City State	Zip Code /Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Mr. Charles N. Andreae 202-682-5151		90897-73
7. Client Name Self United Defense LP		6. House ID# 3623300
INCOME OR EXPENSES - Complete Either Line	***************************************	11. No Lobbying Activ
12. Lobbying Firms	***************************************	rganizations
INCOMP. 1.2	.	
	EXPENSES relating to lobby	ing activities for this reporting
was:	EXPENSES relating to lobby were: Less than \$10,000	ing activities for this reporting
was: Less than \$10,000 🔀	were:	
was: Less than \$10,000 \$10,000 or more \$\Boxed{\subsets}\$\$ Provide a good faith estimate, rounded to the nearest \$20,000.	were: Less than \$10,000 □ \$10,000 or more □ ⇒ 14. REPORTING METHOD	\$ Check box to indicate expen
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\sim_{\text{c}} \sim_{\text{s}} \sim_{\text{c}} 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).	were: Less than \$10,000 □ \$10,000 or more □ □ □ 14. REPORTING METHOD accounting method. See instru ■ Method A. Reporting a ■ Method B. Reporting a	\$
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	Indete Research		Client Name United Defense LP NLY where registration information has changed.				
20. Client new ad	Jpuate Page - C	omplete ONL	Y where regi	stration infor	mation has change	ed	
Address							
City			State	7:n C- 1-			
21. Client new principal place of business (if different than			· ·	Zip Code	ode Country		
City			State	7 :- C 1			
,	description of client's b	ousiness or activit		Zip Code	Coun	ury 	
LODDVICTU	DD AZDO						
LOBBYIST U 23. Name of eac	h previously reported	d individual wh	o is no longer (expected to act	as a lobbyist for the c	lient	
11 Charles	Last Name	Suffix	[3]	First Name	Last Name	Suffi	
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<u>[4]</u>			4			ř J	
ISSUE UPDA	TE						
24. General lobl	bying issues that no l	onger pertain		Find the code to	select below.		
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AFFILIATED	ORGANIZATIO	NS					
	owing affiliated organ	-					
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		//S/Z			State Cou	intry	
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26. Name of eac	h previously reported	d organization th	nat is no longe	r affiliated with	the registrant or clien		
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FOREIGN EN	-						
27. Add the follo Name	wing foreign entities						
Name	Street Address City	Address State/Province Cor	(city and	place of business state or country)	Amount of contribution for lobbying activities	Owner pencer dient	
			City				
•			State	Country			
28. Name of each	previously reported for	eign entity that n	o longer owns.	· ·	affiliated with the regis	*	
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2		4		6]		
					Add a page for	тоге ирс	
Printed Name and	Title Nathan A Jo	nes, Researc	h Associate				
D-2DS (REV. 403)							

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