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LOBBYING REPORT

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1133 Connecticut Aue Cifth Floor	Bob Moss A	ssociates
State/Zip (or Country) DC 20036 City: () and its from time 2) City: () and its from time 2) State/Zip (or Country) DC 20036 Contact Name Telephone B-mail (optional) 5. Senate it Senate its flower of the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). State/Zip (or Country) DC 20036 S	2. Address Check if different than previously reported	***************************************
Principal Place of Business (If different from tine 2) City: () a sh in S	1137 Connecticut	tue fifth floor
Contact Name		
Contact Name	City: Washington State/Z	p (or Country) DC 20036
Client Name Self General Dynamics Cop 6. House If Vio 1.	. Contact Name Telephone	E-mail (optional) 5. Senate ID
Client Name	BOB MOSS 202/429-68	74 banossa banade com 518
TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Check if this filing amends a previously filed version of this report 11. No Lobb INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 12. Lobbying Firms 13. Organizations INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$10,0		
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LD-2 (REV. 6/98)

Registrant Name Bob Moss Assoc Client Na LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as neede	ry to reflect the general issue areas in which ing period. Using a separate page for each
15. General issue area code <u>Def</u> (one per page)	5 G. 4
16. Specific lobbying issues	uding for transces
Dynamies defense pr Stryter rehiell, Virgin	ia Class subman
Chahams Tanks. 17. House(s) of Congress and Federal agencies contacted House of Benseut	A CONTRACTOR OF THE PARTY OF TH
Sevale	
18. Name of each individual who acted as a lobbyist in this	s issue area Covered Official Position (if applicable)
Bob Moss	

19. Interest of each foreign entity in the specific issues listed or	a line 16 above Check if None
Signature Bob Moss, Properties of the Printed Name and Title Bob Moss Moss Moss Moss Moss Moss Moss Mo	Date 8/20/0

Form LD-2 (Rev.6/98)