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SECRETARY  
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 10/01/200

2. House Identification Number \_\_\_\_\_ Senate Identification Number 16896

## REGISTRANT

3. Registrant name Organization Greenberg Traurig, LLP  
Address 800 Conneticut Avenue, NW, Suite 500

City Washington State DC Zip 20006 US

4. Principal place of business (if different than line 3)  
City Phoenix State AZ Zip 85016 US

5. Telephone number and contact name  
602-445-8274 Prefix \_\_\_\_\_ Full Name  
Contact Mr. Matt Salmon E-mail salmonm@gtlaw.com

6. General description of registrant's business or activities  
Business consultation and lobbying

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 ArmorWorks, Inc.  
Address 7306 S. Harl Avenue

City Tempe State AZ Zip 85283 Country US

8. Principal place of business (if different than line 7)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

9. General description of client's business or activities  
Production of armor body plates

## LOBBYISTS

Go to page 3 to add more

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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

First	Name Last	Suffix	Covered Official Position (if applicable)
Matt	Salmon		
Mitch	Menlove		

2000453518



Registrant Name Greenberg Traurig, LLP Client Name ArmorWorks, Inc.

**LOBBYING ISSUES** Find the code to select below. *Go to page 3 to add more lobbyin*

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

DEF          MAN          \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Defense contracts

**AFFILIATED ORGANIZATIONS** *Go to page 3 to add more organ*

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 criteria above, then proceed to line 14.

Name	Address	Principal place of Business: (city and state or country)

**FOREIGN ENTITIES** *Go to page 3 to add more foreign*

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 act 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 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 registration.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Open
	Street Address City	State/Province	Country			

Form Com

Printed Name and Title Amy Mannes, Administrative Assistant

0000453519



Registrant Name Greenberg Traurig, LLP

Client Name ArmorWorks, Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish t*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish t*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish t*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of Business (city and state or country)

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish t*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O percer
	Street Address City	State/Province	Country			

*Add an additional supplementary informatio*

Printed Name and Title Amy Mannes, Administrative Assistant

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