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SECRETARY OF THE SENATE

## 05 FEB 14 PM 1:01 LOBBYING REPORT

obbying Disclosure Act of 1995 (Section 5) - All Filers	Are Required to Complete This Page			
1. Registrant name				
Organization Tew Cardenas LLP				
2. Address Check if different than previously reported				
Address1 1717 Pennsylvania Avenue, NW, Suite 650				
City Washington State DC	Zip Code 20006 Country USA			
3. Principal place of business (if different than line 2)				
City State City State/Zip	Zip Code Country or Country			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#			
Mr. Sloan Rappoport 202-974-1399	284573-137			
7. Client Name Self	6. House ID #			
White and Case	36766006			
INCOME OR EXPENSES - Complete Either Line 12 12. Lobbying Firms	2 OR Line 13  13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:			
Less than \$10,000 Less than \$1				
\$10,000 or more 🗵 🖒 \$	\$10,000 or more			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expenaccounting method. See instructions for description of optio			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions on Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) of t Revenue Code			
	Form Co			

Printed Name and Title Sloan Rappoport, Partner

Registrant Name	ew Cardenas LLP		Client Name _	White and Case		
LOBBYING AC engaged in lobby information as re	CTIVITY. Select as ming on behalf of the cliquested. Attach addition	ent during the ronal page(s) as	eporting period. I needed.	the general issue areas in which the re Using a separate page for each code,		
15. General issue	area code	le (Domestic &	Foreign)	(one per page)		
16. Specific lobb				Add page to continue specific issues description for this issue		
	legislative issues relate			fNone		
	of Commerce Representatives th individual who acted	d as a lobbyist i		Add a page to continue additing lobbyists for th		
First Name	Name Last Name	Suffix	Covere	ed Official Position (if applicable)		
Sloan	Rappoport		Senior Adviso	r to the Secretary of Commerce		
19. Interest of e	each foreign entity in t	he specific issu	les listed on line 1	6 above Check if None		

San (

Filing #fbde1639-36c7-44ce-ad7a-97fa93e21322 - Page 3 of 6

LD-2DS (REV. 4/03)

Page 2

Registrant Name Tew Carde	enas LLP	Client Na	Client Name White and Case				
Information Update		NLY where regis	tration inform	ation has	changed.		
20. Client new address		-					
Address							
City		State	Zip Code		Country		
21. Client new principal pl	ace of business (if different	t than line 20)	***************************************		\$100 per 1 p	************	
City		State	Zip Code	Country			
22. New general description	on of client's business or ac		***************************************	,			
<u> </u>							
LOBBYIST UPDATE				a labbriet	for the elies	n#	
23. Name of each previo	usly reported individual	who is <b>no longer</b> e <sub>Suffix</sub>	XPECTED TO ACT AS First Name	Last Name	ioi me chei	IL Suffix	
П		3					
2		4					
ISSUE UPDATE		F	ind the code to s	elect below	<del></del> 1.		
24. General lobbying iss	ues that no longer pertai	•		0,000, 50,000	•		
<b>2 2</b>	3 .						
<del></del>							
AFFILIATED ORGA	ANIZATIONS						
25. Add the following af	filiated organization(s)	<u></u>	<u>.                                    </u>		<u></u>		
Name		Address			Principal place of Business (city and state or country)		
		······································		(city an	d State of Co	unu y )	
	Address			City			
	C/S/Z			State	Countr	гу	
	Address			City			
	C/S/Z			State	Count	ту	
26. Name of each previous	ously reported organizat	ion that is <b>no longe</b>	r affiliated with t	the registra	nt or client		
ī							
FOREIGN ENTITIE							
27. Add the following for		Principa	place of business	Amount of	contribution	Owne	
Name	Address Street Address	(city and	state or country)		ng activities	perce client	
	City State/Provii	nce Country	M*************************************		494444444444444444444444444444444444444		
		City				ļ	
		State	Country				
28. Name of each previous	I Isly reported foreign entity	that no longer owns	, <u>or</u> controls, <u>or</u> is	affiliated wi	ith the regist	rant, c	
affiliated organization		₩	_ · <del>_</del> _	_	-	•	
1	3		[3	_			
2	4		[6				

Add a page for more up