

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
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SECRETARY OF THE SENATE  
04 APR 16 AM

## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Michael A. Andrews, L.L.C.			
2. Address <input type="checkbox"/> Check if different than previously reported Suite 600, 1225 I Street, N.W., Washington, D.C. 20005			
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____			
4. Contact Name Michael A. Andrews	Telephone	E-mail (optional)	5. Senate ID # 81076-113
7. Client Name <input type="checkbox"/> Self Good Technology, Inc.			6. House ID # 36304005

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_ 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	<b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitio <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033( Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code

Signature

*Michael A. Andrews*

Date 2/09/04



Registrant Name Michael A. Andrews, L.L.C. Client Name Good Technology, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code CPT (one per page)

16. Specific lobbying issues

Expanding markets for wireless communications products and protection of intellectual property.

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. House and Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Michael A. Andrews	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature Michael A. Andrews Date 2/9/04

Printed Name and Title Michael A. Andrews



Registrant Name Michael A. Andrews, L.L.C. Client Name Good Technology, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code GOV (one per page)

16. Specific lobbying issues

Expanding markets for wireless communications products and protection of intellectual property.

17. House(s) of Congress and Federal agencies contacted  Check if None

U.S. House and Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Michael A. Andrews	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature *Michael A. Andrews* Date 2/9/04

Printed Name and Title Michael A. Andrews

