

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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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	$\gamma - 9^{+}$			
Check if this is an Amended Registration	1. Effective Date of Registration (			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name	KMAN AND ASSOC			
Address [530 KEY	BLVD #1222			
City ARUNGTON	State / VA Zip 3220			
4. Principal place of business (if different from line 3)  City (	State/Zip (or Country)			
5. Telephone number and contact name (703 - 524 - 3204 Contact	SACK BUNKMANE-mail (optional)			
6. General description of registrant's business or activitie				
CLIENT A Lobbying firm is required to file a separate registre	ation for each client. Organization semploying in-house lobbyists should che			
1 Inbeled "Self" and proceed to line 10. Self  7. Client name WE W MEDIA	STRATEGIES, IN			
Address $2001$ $S$	TREE TO W.V Sto			
City $WASH$	State C Zip 2000			
8. Principal place of business (if different from line 7)  City	State/Zip (or Country)			
9. General description of client's business or activities	EARCH COMPANY			

## LOBBYISTS

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

Covered Official Position (if applical Filing #10c9a510-48bc-42d2-9117-f7d741b73f86 - Page 1 of 4

Form LD-1 (Rev. 06/98)

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Registrant Name	SUNICTIAN) &	nt Name_NEW	MED	IA STRA
LOBBYING ISSUES 11. General lobbying issue area			<del></del>	(E)
HC15				
12. Specific lobbying issues (cr	urrent and anticipated)			ATIONS
1-01Z	INTERNE	27	CESEA	nch Pr
AFFILIATED ORGA  13. Is there an entity other th a semiannual period and	NIZATIONS  an the client that contribu  in whole or in major part	tes more than \$10,000 plans, supervises or c	to the lobby controls the re	ing activities of the re gistrant's lobbying ac
No ⇒ Go to line	14.	Yes Complete the the criteria at	ove, then pro	ction for each entity noceed to line 14.
Name		Address		Principal Place of Busin city and state or coun
FOREIGN ENTITIE  14. Is there any foreign ent				
b) directly or inc	20% equitable ownership directly, in whole or in mathe client or any organization of the client or any organizating activity?	jor part, plans, super- ion identified on line	vises, controis 13; <b>or</b>	, directs, finances of v
No ⇒ Sign and da	te the registration.	mat	nplete the rest ching the crit istration.	of this section for eaeria above, then sign i
Name	Address	Principal busin (city and state	ess	Amount of contribution for lobbying activities
•••• •	•••			( )

Filing #10c9a510-48bc-42d2-9117-f7d741b73f86 - Page 3 of 4

Printed Name and Title

Printed Name and Title

Form LD-I (Rev. 06/98)