

SECRETARY OF THE SENATE
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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)

Check if this is an Amended Registration 1. Effective Date of Registration 1-2

2. House Identification Number 36049- Senate Identification Number 75570

REGISTRANT

3. Registrant name J, M, BURKMAN AND ASSOC

Address 1630 KEY BLVD, #1222

City ARLINGTON State VA Zip 222

4. Principal place of business (if different from line 3)
City _____ State/Zip (or Country) _____

5. Telephone number and contact name
(703) 524-3209 Contact JACK BURKMAN E-mail (optional) _____

6. General description of registrant's business or activities
LOBBYING / CONSULTING FIR

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists s

labeled "Self" and proceed to line 10. Self

7. Client name SETRACON, INC

Address P.O. BOX 12173

City TACOMA State WA Zip 98148

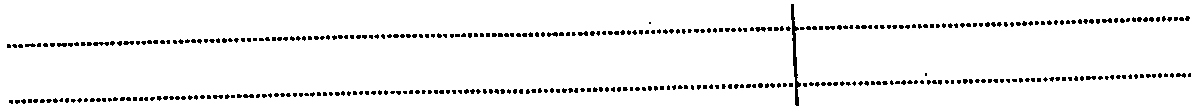
8. Principal place of business (if different from line 7)
City _____ State/Zip (or Country) _____

9. General description of client's business or activities
INFORMATION TECHNOLOGY CONSULTING

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. this section has served as a "covered executive branch official" or "covered legislative branch official" w acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person ser

Name	Covered Official Position (
<u>JACK BURKMAN</u>	



FD-1 (Rev. 06/08)

Registrant Name J.M. BURKITT Client Name SETRON

LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)

MARKETING THE COMPANY TO DEFENSE AND NORTHEAST SECURITY

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobby

No → Go to line 14.

Yes ↓ Complete the rest of this section for each of the criteria above, then proceed to line 14

Name	Address	Principal Place of business (city and state)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or performs the lobbying activities of 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 lobbying activity?

No → Sign and date the registration.

Yes ↓ Complete the rest of this section for each of the criteria above, then proceed to line 14

Name	Address	Principal place of business (city and state or country)	Amount of contribution to lobbying activities

Signature _____ Date 1/2
Printed Name and Title JACK BURKMAN, PRESIDENT
Form 1-D-1 (Rev. 06/08)