Clerk of the House of Representatives
Legislative Resource Center
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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REPORT

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

7. (	
Registrant Name Signature Survivary	J DSSGCIATE
. Address Check if different than previously reported	; #1222', ARLING
3. Principal Place of Business (if different from line 2)	
<u> </u>	(or Country)  E-mail (optional)  5. Senate ID #
4. Contact Name  Sour Kingary  Telephone	703-524 32C9 7557
7. Client Name Self	1) 6. House 1D# 36949
TYPE OF REPORT 8. Year 300 Midyear (	(January 1-June 30) OR Year End (July 1-Dec
O. Check if this filing amends a previously filed version of this red.  O. Check if this is a Termination Report Termination I	Date 27-05 11. No Lobbyir
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting	EXPENSES relating to lobbying activities for this re
period was:	period were:
Less than \$10,000 ☐	period were:  Less than \$10,000   \$10,000 or more   \$   \s
Less than \$10,000 S  \$10,000 or more S  Income (nearest \$20,000)  Provide a good faith estimate, rounded to the nearest \$20,000,	period were:  Less than \$10,000   \$10,000 or more   Expenses (nearest \$20   14. REPORTING METHOD. Check box to indicaccounting method. See instructions for description
Less than \$10,000 ☐	period were:  Less than \$10,000   \$10,000 or more   Expenses (nearest \$20   14. REPORTING METHOD. Check box to indicate the second seco

Printed Name and Title Drek Dunkrann MRK S

LD-2 (REV. 6/98)

Registrant Name Client Name	me
LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the reporti information as requested. Attach additional page(s) as needed	ing period. Using a separate page for each code
15. General issue area code (one per page)	•
16. Specific lobbying issues	
LUMBYING	For FEDERI
DE CONTROL AF	PPROPRIATIONS
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
No use + SEr	TATE
18. Name of each individual who acted as a lobbyist in this	s issue area
Name	Covered Official Position (if applicable)
JAKK BUNKIAPRO	
-	
***************************************	
19. Interest of each foreign entity in the specific issues listed or	n line 16 above Check if None
	7-4-0
Signature	Date

Spar osmirenory

Form LD-2 (Rev.6/98)

Pag