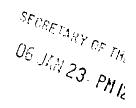
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

Registrant Name BURKMON &	NSSOCIATES
3. Principal Place of Business (if different from line 2)	#1222; ARLINGTON, VI
City 4. Contact Name Telephone Tolephone Tolephone	E-mail (optional) 5. Senate ID # 75570 6. House ID # 76049 Tanuary 1-June 30) OR Year End (July 1-Decement)
O. Check if this filing amends a previously filed version of this result. 10. Check if this is a Termination Report Termination I	Date 11. No Lobbying A
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more Income (nearest \$20,000) 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):	EXPENSES relating to lobbying activities for this reportation were: Less than \$10,000
Signature Filling #39fe9439-bf0c-4f64-877f-9cfce8	Par

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Printed Name and Title SUPPLEMENT LD-2 (REV. 6/98)

Registrant NameClient	Name DENT +
LOBBYING ACTIVITY. Select as many codes as necessengaged in lobbying on behalf of the client during the repoint information as requested. Attach additional page(s) as necessary	orting period. Using a separate page for each code, eded.
15. General issue area code DE (one per page)	
16. Specific lobbying issues	
	THE COMPARY
DENTITY TECHNOL	oby to TNS
17. House(s) of Congress and Federal agencies contacted	TEDER(1) L (00)
HOUSE, SENATE	OPHS,
18. Name of each individual who acted as a lobbyist in t	his issue area
Name Name	Covered Official Position (if applicable)
4992022888840899999999999999999999999999	***************************************
19. Interest of each foreign entity in the specific issues listed	on line 16 above Check if None
Ciamatura	Date)-4-0 1
Printed Name and Title SOCK DUNK	CMPN, Pr

Form LD-2 (Rev.6/98)

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