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07 SEP -4 PM '07

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 07/25/07

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name JOHN G. BURKE ("TOBY")

Address 419 WILKES ST

City ALEXANDRIA

State VA Zip 22314

4. Principal place of business (if different from line 3)

City WASHINGTON DC 20036

State/Zip (or Country)

5. Telephone number and contact name

(202) 251-5099

Contact TOBY BURKE

E-mail (optional) TOBUR

6. General description of registrant's business or activities

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. Self

7. Client name SAVE A LIFE FOUNDATION

Address 9950 W. LAWRENCE AVE, SUITE 300

City SCHILLER PARK

State IL Zip 60176

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country)

9. General description of client's business or activities

TEACHING YOUTH BASIC FIRST AID

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

Name

Covered Official Position (if applicable)

JOHN G. BURKE

0000082338

Form LD-1 (Rev. 04/03)

Registrant Name JOHN G. BUCKE Client Name SAVE A LIFE FOUNDATION

LOBBYING ISSUES

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

HOM HCR URB

12. Specific lobbying issues (current and anticipated)

- ① Department of Defense YOUTH CHALLENGE WITHIN THE NATIONAL GUARD
- ② COMMUNITY PREPAREDNESS ISSUES (such as FUNDING & IMPLEMENTATION OF §639
- ③ FIRST RESPONDERS - CAREERS IN HEALTHCARE
- ④ YOUTH & EMERGENCY MEDICAL SERVICES

AFFILIATED ORGANIZATIONS

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

- No → Go to line 14. Yes ↓ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidize 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 outcome of the lobbying activity?

- No → Sign and date the registration. Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perc in cl

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