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 SECRETARY OF THE SEN.

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LOBBYING REGIST	
Lobbying Disclosure Act of 1995 (Section 1995)	on 4)
Check if this is an Amended Registration	1. Effective Date of Registration
2. House Identification Number	Senate Identification Number
REGISTRANT 3: Registrant name	BURKMAN AND ASSO
Address 1530 KEY	BLVD #1222
City ARLINGTON	State VA Zip 2220°
4. Principal place of business (if different from	State/Zip (or Country)
5. Telephone number and contact name (703 - 524 - 3209)	Contact DOCK BURKMAN E-mail (optional) MALL
Control of the Consistent's hunings	
	eparate registration for each client. Organ zatio : employing in-how e lobbyists should ch
labeled "Self" and proceed to line 10. 7. Client name CLEAR CORP	'S/USA
Address THE SHRIVER	CENTER AT UMBC: 1000 HILLT
City RALTIMORE	State MO Zip 2125C
8. Principal place of business (if different fro	om line 7) State/Zip (or Country)
9. General description of client's business of LEAO ARATEM	ENT PROGRAM FOR CHILD
this section has served as a "covered ex	is expected to act as a lobbyist for the client identified on line 7. If any p ecutive branch official" or "covered legislative branch official" within two the executive and/or legislative position(s) in which the person served.
Name	Covered Official Position (if applic
JACK ISUR	ZKMAN

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Registrant Name 1, M.	O CKUNDY 1	Client Nam	e_CLE	arco	RP	<u>S/</u>	U
LOBBYING ISSUE 11. General lobbying issue ar	S eas. Select all appli	cable codes listed	in instructions and	d on the reve	rse side	e of Forn	ı LD-1,
H00			,			········	1
12. Specific lobbying issues (DERAL	AF	PR	COPK	21 F
FOR TH		LEAR	CORPS	Pa	<u> </u>	RA	M
AFFILIATED ORG. 13. Is there an entity other a semiannual period an	than the client that	contributes mo	ore than \$10,000 (supervises or co	to the lobby	/ing ac egistra	tivities (nt's lobl	of the 1 oying a
No ⇔ Go to line	e 14.	☐ Yes ↓	Complete the re				
Name		Add	ress	1	·-	al Place nd state	
FOREIGN ENTITION 14. Is there any foreign en							
a) holds at least b) directly or in activities of c) is an affiliate of the lobbyi	20% equitable ow directly, in whole the client or any o of the client or ar ng activity?	or in major part rganization ider sy organization	t, plans, supervise ntified on line 13 identified on line	es, controls ; or : 13 and has	, direc	ts, finan	ces or
No ⇒ Sign and da	te the registration	-	Yes Fompl matchi registr	ing the crite			
Name	Addre 		Principal plac business (city and state or	}	cont	mount of	for
	7				. 1	,	
Signature	1	/)		Date_		7	0

Printed Name and Title
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Form LD-1 (Rev. 06/98)