Lierk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SPORETIMEY OF THE

07 FEB -6 AM

LOBBYING REGISTRATION

LODD I III O ICE CITATION	
Lobbying Disclosure Act of 1995 (Section 4)	1-19-0
4 "IECK II AII2 12 AII 1 1111 AII	Effective Date of Registration
	ate Identification Number
REGISTRANT 3. Registrant name , M, BURKM	NO & ASSOCIATI
Address 1530 KEY BLI	10; 1 # 1222
City DRUNG TORS	State VN Zip 2220
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name (703-524-320 Contact)	X SVIX (Optional)
6. General description of registrant's business or activities	NSOLTING FIR
CLIENT A Lobbying firm is required to file a separate registration for e	ach client. Organizations employing in-house lobbyists should check
labeled "Self" and proceed to line 10.	-N ADVANCED TECHNO
7. Client name SECURITY WIT	
Address 10855 DOVER	STRÉE
City WESTMINSTER	State 6 Zip 600 21-
8. Principal place of business (if different from line 7)	State/Zip (or Country)
City	SaturZip (or County)
9. General description of client's business or activities	ETHAL ENFORCEMEN
LOBBYISTS 10. Name of each individual who has acted or is expected to act a this section has served as a "covered executive branch office."	s a lobbyist for the client identified on line. If any personal or "covered legislative branch official" within two y
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 applicab
DOLC BUILLING	
Filing #4ef795a0-8519-4466-bdb3-73955	49ah649 - Page 1 of 4
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	Vivon 1 D-1 (Rev. 06/98)	

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-ant Name \\ \sigma_n \ \gamma_n \\ \gamma_n \ \gamm		_ Client Name_	SWI	1)) 	
LOBBYING ISSUES 11. General lobbying issue area	s. Select all applicable	le codes listed in	instructions and on t	he reverse	e side of Form L	.D-1, pa
<u> </u>						
12. Specific lobbying issues (cr	and the same of th	THE	Com	Par	17 5	,
PRODUCT	5	To	1)00			
AFFILIATED ORGA 13. Is there an entity other th a semiannual period and	an the alient that co	or part plans, su	pervises or control	is the reg	istiant s lovey	11.6 00.
No ⇒ Go to line	14.	☐ Yes 『C	omplete the rest of he criteria above,	this sect	ceed to line 14	nnty m
Name		Addres	ss		rincipal Place of ity and state o	
FOREIGN ENTITIE	S					
a) holds at least 2 b) directly or ind	ty that: 20% equitable owner irectly, in whole or the client or any orga of the client or any	in major part, anization ident	plans, supervises, (ified on line 13; 0 1	controls, r	directs, linand	es or s
Sign and dat	te the registration.		Yes Complete matching registration	the crite	of this section ria above, ther	
Name	Address		Principal place of business (city and state or con	1	Amount of contribution lobbying activ	for

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Date_

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Signature

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Printed Name and Title

Form LD-1 (Rev. 06/98)