

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 SENATE
07 NOV -8 PM 2:4

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 10-31-0

2. House Identification Number 36049

Senate Identification Number 75570-

REGISTRANT

3. Registrant name JR, BURKMAN & ASSOCIATE

Address 1530 KEY BLVD; #1222

City ARLINGTON

State VA

Zip 222

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

City —

State/Zip (or Country)

5. Telephone number and contact name

(703-524-3209)

Contact JACK BURKMAN

E-mail (optional)

6. General description of registrant's business or activities

CONSULTING FIRM

CLIENT A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should c.

labeled "Self" and proceed to line 10. Self

7. Client name SIGNACERT INC.

Address 707 SW WASHINGTON STREET

City PORTLAND

State OR

Zip 97205

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

City

State/Zip (or Country)

9. General description of client's business or activities

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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 p this section has served as a "covered executive branch official" or "covered legislative branch official" within two 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 applic
<u>JACK BURKMAN</u>	
<u>ALDO PALMIERI</u>	

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Form LD-1 (Rev. 06/98)

Registrant Name

Client Name

LOBBYING ISSUES

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

DEF

12. Specific lobbying issues (current and anticipated)

PROMOTING THE COMPANY
THE NATIONAL ~~SECURITY~~ SECURITY

AFFILIATED ORGANIZATIONS

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

No → Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the 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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 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 registration.

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

1000100261

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Signature _____ Date 10-31-0

Printed Name and Title JACK BURKMAN, R

Form LD-1 (Rev. 06/98)