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

Washington, DC 20313	· · · · · · · · · · · · · · · · · · ·
LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)	10-25-1
Check if this is an Amended Registration 1. Effectiv 2. House Identification Number 36049 Senate Iden	e Date of Registration
REGISTRANT Registrant name M. BURKMAN	ASSOCIATES
Address 1530 ICFY BLUD'	State VA Zip 22269
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	JUNICY) AND E-mail (optional)
6. General description of registrant's business or activities	CUNSULTING (
CLIENT A Lobbying firm is required to file a separate registration for each client labeled "Self" and proceed to line 10. 7. Client name	Organizations employing in-house labbyists should check
Address 1618 OCD VAN	*
8. Principal place of business (if different from line 7) City	State Zip State/Zip (or Country)
9. General description of client's business or activities NATIVE AMERICAN INFORM	IATION TECHNOLOGY
LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobb this section has served as a "covered executive branch official" or acting as a lobbyist for the client, state the executive and/or legislate.	"COASLED ISSISTANCE DISTINUE OFFICIAL WITHIN THE "
Name (VA) (MA)	Covered Official Position (if applical
DIACIT BACKLINALA	
,	

Form 1 D-1 (Rev. 06/98)	

- 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 su 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 of the lobbying activity?

No ⇒ Sign and dat	e the registration.	Yes Complete the rest of this section for each matching the criteria above, then sign a registration.	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
Signature	#b988f5e5-8fbb-4ae2-ba38-e	Date Date	10-25-0

Printed Name and Title SOCK SURKMAN MESION TO
Form LD-1 (Rev. 06/98)