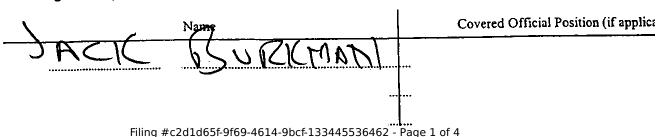
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF TI

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration Check if this is an Amended Registration  $\square$ Senate Identification Number 2. House Identification Number REGISTRANT 3. Registrant name Address 4. Principal place of business (if different from line 3) State/Zip (or Country) City 5. Telephone number and contact name E-mail (optional) Contact 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration for each client. Organization semploying in-house lobbyists should che and proceed to line 10 7. Client name Address Zip State 8. Principal place of business (if different from line 7) State/Zip (or Country) City COMP 9. General description of client's business or activities 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 pe 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.



Form LD-1 (Rev. 06/98)

	Registrant Name	Clien	at Name	ANE	Γ	224
L.	LOBBYING ISSUES 11. General lobbying issue area	s. Select all applicable code	s listed in instructions	and on the reve	rse side of F	orm LD-1,
• _	12. Specific lobbying issues (ct	nrent and anticipated)	DEF	7	OF	No
<u>/</u>	ECURITY	NHO	THE	5 FW	ITE	$\overline{\mathcal{H}}$
_	AFFILIATED ORGA  13. Is there an entity other th a semiannual period and	NIZATIONS an the client that contribut in whole or in major part	tes more than \$10,0 plans, supervises or	00 to the lobby controls the re	ring activiti egistrant's	ies of the r lobbying a
No ⇒ Go to line 14.						ach entity ne 14.
	Name	<b></b>	Address		Principal Pl (city and st	
	b) directly or ind	ty that:  20% equitable ownership i irectly, in whole or in majore client or any organization the client or any organization.	or part, plans, super on identified on line	rvises, controis : 13; <b>or</b>	s, airecis, ii	inances of
	No ⇒ Sign and dat	ma	Yes ! Complete the rest of this section for ematching the criteria above, then sign registration.			
~~	Name	Address	busi	l place of ness te or country)	Amou contribu lobbying	tion for
					1	\

Date\_

Printed Name and Title DOCK BURKMAN

Form LD-1 (Rev. 06/98)

PRESIDEN