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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 8-15-10

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name J.M. BURKMAN AND ASSOC

Address 1530 ICY BLVD, #1222

City ARLINGTON

State VA

Zip 2220

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

City (SAME)

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

LOBBYING AND CONSULTING

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

labeled "Self" and proceed to line 10.  Self

7. Client name SYTEX, INC.

Address 22 BAILWICK OFFICE CAT

City DOYLESTOWN

State PA

Zip 18901

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

City —

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

TECHNICAL SERVICE PROVIDER TO FEDERAL DEFENSE BI

## 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 person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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 applicable)
JACK BURKMAN	



Registrant Name J.M. BURKMAN Client Name SYTEX, Inc

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

DEF

12. Specific lobbying issues (current and anticipated)

LOBBYING AND CONSULTING ON VARIETY OF DEFENSE AND HOMELAND SEC

**AFFILIATED ORGANIZATIONS**

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

No ⇒ Go to line 14.

Yes | Complete the rest of this section for each entity m the criteria above, then proceed to line 14.

Name	Address	Principal Place of Busine (city and state or count

**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; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or st 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 date the registration.

Yes | Complete the rest of this section for eac 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

Date

8/15/0

Signature

Printed Name and Title

JACK BURKMAN, PRESIDENT

Form LD-1 (Rev. 06/98)