Clerk 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

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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	$C \sim C$
Check if this is an Amended Registration	1. Effective Date of Registration
2. House Identification Number X044	Senate Identification Number 15570
REGISTRANT 3. Registrant name  (T)   UNXT	JON T ASSOCIATES
Address 1530 KEY BL	·VO', #1222
City BRLINGTON	State VA 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)	DONN (CVN KMAN) E-mail (optional)
6. General description of registrant's business or activities	onsuzting Firi
CLIENT A Lobbying firm is required to file a separate registrati	on for each client. Organizations employing in-house labbyists should chec
labeled "Self" and proceed to line 10. Self  7. Client name	
Address (7) S NW) 14	TH TERRACE; STE
City MIAMI	State (-1 Zip 7717)
8. Principal place of business (if different from line 7)	
City ————	State/Zip (or Country)
9. General description of client's business or activities  OFFENSI	TRACTOR BASED IN
LOBBYISTS	
this section has served as a "covered executive branch	act as a lobbyist for the client identified on line 7. If any permoficial or "covered legislative branch official" within two ynd/or legislative position(s) in which the person served.
Name	Covered Official Position (if applicat
JACIC 1SUNKMAN	
<u> </u>	
ILAUPH VALMIEN	(1)

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Registrant Name	000	Cli	ient Name			
LOBBYING ISSUE		applicable cod	les listed in instruc	tions and on the	reverse side of Form LI	)-1, p
12. Specific lobbying issues	(current and ant	icipated)		,		
MAR	KETIN	06	THE		COMPAN	$\int_{\Gamma}$
10	1 )01/		+ 0	NS-	/	<i></i>
AFFILIATED ORGA  13. Is there an entity other to a semiannual period and No ⇔ Go to line	han the client I in whole or i	that contribuin major part	Yes   Complete	es or controls the the test of this	bbying activities of the registrant's lobbying section for each entiproceed to line 14.	ig act
Name			Address		Principal Place of B (city and state or c	
	·					
activities of th	ty that:  0% equitable irectly, in who e client or any of the client or	ole or in majo V organizatio	or part, plans, su on identified on l	pervises, contro ine 13: <b>or</b>	identified on line 13; ols, directs, finances nas a direct interest in	or su
No ⇔ Sign and date	the registration	on.	1	Complete the rematching the cregistration.	est of this section for iteria above, then sig	each m an
Name	Add	lress	Princi <sub>j</sub> bu	pal place of siness tate or country)	Amount of contribution for lobbying activities	Cpii
						A-434

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Signature

Printed Name and Title DOCK WONX PAR FORM LD-1 (Rev. 06/98)