

the House of Representatives    Secretary of the Senate  
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 Washington, DC 20515        Washington, DC 20510

SECRETARY OF THE SENATE

07 AUG - 1 PM 4:01

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 15 JAN

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

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

## REGISTRANT

3. Registrant name ADRIAN ERCKENBRACK

Address 911 SOUTH SAINT ASAPH STREET

City ALEXANDRIA

State VA Zip 22314

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

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

5. Telephone number and contact name

(202) 557-8655 Contact A. ERCKENBRACK E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

LOBBY ACTIVITIES

**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 FOSTER-MEWER, INC

Address 550 2ND AVE

City WALTHAM

State MASS Zip 02451

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

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

9. General description of client's business or activities

TECHNOLOGY DEVELOPMENT & SALES

## 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)
<u>ADRIAN ERCKENBRACK</u>	

1000071112



Name ADRIAN ERCKENBRACK Client Name FOSTER-MELLER, INC

**LOBBYING ISSUES**

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

DEF HOM NET MAN MEA SCI SPD

12. Specific lobbying issues (current and anticipated)

SWORDS UNMANNED ROBOTIC ARMED SYSTEM, PHYSICAL MONITORING, OEL MONITORING SYSTEM

**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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus: (city and state or cou

**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 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 th of the lobbying activity?

No => Sign and date the registration.

Yes ↓ Complete the rest of this section for ea 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

A. Erckenbrack

Date

23 JULY 0

1000071113

Printed Name and Title AORTAN ERCKENBRACH, PRINCEPAL

Form LD-1 (Rev. 06/98)