

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 THE SENATE
05 JAN 10 AM 10:41

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name J.M. BURICMAN AND ASSOCIATES			
2. Address <input type="checkbox"/> Check if different than previously reported 1530 KEY BLVD, #1222, ARLINGTON, VA			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name JACK BURICMAN	Telephone 703-524-3209	E-mail (optional)	5. Senate ID # 75570
7. Client Name <input type="checkbox"/> Self SPRAY/LAT			6. House ID # 36049

TYPE OF REPORT 8. Year **2004** Midyear (January 1-June 30) OR Year End (July 1-De

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ 20,000 Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this r period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2</p> <p>14. REPORTING METHOD. Check box to indic accounting method. See instructions for descriptor</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____ **JACK BURICMAN** _____ **PRC**

Printed Name and Title

JACIL V. SUICRINIUX) V. - RUIV

LD-2 (REV. 6/98)

Registrant Name J. M. BURKMAN Client Name SPRAYCAT

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LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code GOV (one per page)

16. Specific lobbying issues

MARKETING ANTI-BACTERIAL PAINTS TO THE FEDERAL GOV²

17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE, SENATE, DEPT. OF HOMELAND SECURITY, DEPT. OF DEFENSE

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>JACK BURKMAN</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature

JACK BURKMAN

Date

1-2-06
ROSCINI

Printed Name and Title

JACK V. SULLIVAN JR. PRESIDENT

Form LD-2 (Rev. 6/98)

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Registrant Name J. M. BURR (MAN) Client Name SPRAY CNT

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City PELHAM State/Zip (or Country) NY - 10581

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or c

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the regis affiliated organization

 Date 1-2-06

Signature _____

Printed Name and Title JACIL BURKMAN, PRES

Form 1 D-2 (Rev. 6/08)

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