Clerk of the House of Representatives - Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE 99 JUN 21 AM 10: 23 H.D.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

C	teck if this is an Amende	d Registration 💢	1. Effective Date of Registration	2/1/99			
2.	House Identification Number		Senate Identification Number				
R	EGISTRANT						
3.	Registrant Name	R. Duffy Wall & Associates, Inc.					
	Address 601 13th Street, N.W.		Suite 410 South				
	City	Washington	State DC Zip 20005				
4.	Principal place of busin City	ness (if different from line 3)	State/Zip (or Country)				
5.	Telephone number and (202) 737-0106	contact name Contact  John M. Reskovac	E-Mail (optional)	,			
6.	General description of Government Relation	registrant's business or activities s Consulting Firm					
ÇI		· · · · · · · · · · · · · · · · · · ·	ration for each client. Organizations employing	in-bouse lobbyists should check the box .			
7.	Client Name	"Self" and proceed to line 10.   Self State of Oklahoma		· · · ·			
	Address	Oklahoma Military Department	3501 Military Circi				
	City	Oklahoma City	State OK Zip 73111	4398			
8.	Principal place of busin City	ess (if different from line 7)	State/Zip (or Country)				
9		client's business or activities t and State Program Appropriations		-			
	in this section has serve	d as a "covered executive branch official	a kobbyist for the client identified on line 7. I 3° or "covered legislative branch official" wi r legislative position(a) in which the person s	thin two years of			
	Name		Covered Official Position	(if applicable)			
	Indie Birkofer						
	John M. Reskovsc						
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1271	LD-1 (Rev. 06/98)			Page			

Hent Name: State of Oklahoma					
OBBYING IS One of the control of the		icable codes listed in ins	tructions and on the severse si	de of Form LD-1, page 1.	
2. Specific tobbyin Appropriations	g issues (current and anticip	ated)			
<ol> <li>Is there an entity semiannual peri</li> </ol>	ORGANIZATIONS of other than the client that of od and in whole or major pa	mtributes more than 51 It plans, supervises, or (	.*	g ectivities? tion for each entity matching the	
Name		Ad	criterie sbove, then proceed	to line 14.  Principal Place of Business (city and state or country)	
<ul> <li>b) directly of the c</li> </ul>	ign entity that:  I least 20% equitable owner or indirectly, in whole or in lient or any organization ide	major part, plans, super artified on line 13; or	organization identified on line rvises, controls, directs, finance line 13 and has a direct interes	es, or subsidizes activities	
	d date the registration.	□ Yes.	Complete the rest of this sec criteria above, the sign and d	tion for each entity matching the ate the registration.	
łobbyin				······································	
lobbyin		Address	Principal Place of Busines (city and state or country)	•	Ownership percentage in client
iobbyin  No. Sign an	iee K. B	Address	,	•	percentage