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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1-17-0

Check if this is an Amended Registration

1. Effective Date of Registration \_\_\_\_\_

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

## REGISTRANT

3. Registrant name J.M. BURKEMAN AND ASSOC

Address 1530 ICEY BLVD #1222

City ARLINGTON State VA Zip 22201

4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name  
703-524-3209 Contact JACK BURKEMAN E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities  
LOBBYING AND CONSULTING FIRM

**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 INSTITUTE FOR ENERGY INDEF

Address 620 SEA ISLAND ROAD, SUITE

City SAINT SIMONS ISLAND State GA Zip 31514

8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities  
NON-PROFIT ENERGY RESEARCH ORG

## 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>JACK BURKEMAN</u>	



Registrant Name J. M. BURKMAN Client Name INSTITUTE FOR ET 00030020207

**LOBBYING ISSUES**

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

12. Specific lobbying issues (current and anticipated)

LOBBYING FOR FEDERAL APPRO  
 FUNDING

**AFFILIATED ORGANIZATIONS**

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

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity that meets the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
<u>CONSORTIUM FOR PLANT BIOTECH RESEARCH</u>	<u>P.O. BOX 20634</u>	<u>SAINT SIMON ISLAND, GA</u>

**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 supervises the lobbying 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 client's lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature [Signature] Date 1-17-0

Printed Name and Title JACK BURKMAN PRESIDENT

