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
07 NOV 28 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 11-19-0

2. House Identification Number 36049- Senate Identification Number 75570

REGISTRANT

3. Registrant name J.M. BURKMAN & ASSOCIATES

Address 1630 KEY BLVD., #1222

City ARLINGTON 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

(703-524-3209 Contact JACK BURKMAN E-mail (optional)

6. General description of registrant's business or activities

LOBBYING + CONSULTING FIRM

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should c

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name MYSTIC PHARMACEUTICALS, IN

Address 2006 WINDY TERRACE

City AUSTIN State TX Zip 7861

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

City — State/Zip (or Country)

9. General description of client's business or activities

PHARMACEUTICAL CO. FOCUSING ON PANDEMIC S + VACCINE DE

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 p this section has served as a "covered executive branch official" or "covered legislative branch official" within tw 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 applic
JACK BURKMAN	

GG010151

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Registrant Name _____ Client Name _____

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

SEEKING APPROPRIATIONS FUNDING FOR R+D FOR VACCIN

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 entit the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co

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;
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances o 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 of the lobbying activity?

☐ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for e matching the criteria above, then sign registration.

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

3901911392

Signature _____ Date 11-16-0

Printed Name and Title JACK BURKMAN, PAC C

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