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LOBBYING REPORT 50

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

1. Registrant name	
Organization	Peter J. Rose
2. Address <input type="checkbox"/> Check if different than previously reported	
818 Connecticut Ave, N.W. Suite 1100	
City	Washington State DC Zip Code 20006 Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name Prefix Full Name b. Telephone number c. E-mail	
Mr. Jeff Mrowka	202-496-3449 jmrowka@franklinpartnership.com
5. Senate ID #	
7. Client Name <input type="checkbox"/> Self	
Lockheed Martin Corp.	6. House ID # 3256500

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

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

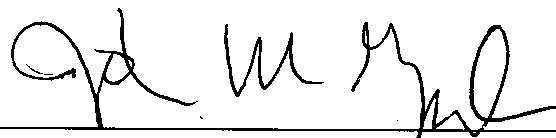
10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Acti

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"/> ⇨ \$ <u>30,000</u></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 reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8): Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of t Revenue Code</p>
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Form Co

Printed Name and Title John Guzik, Partner



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Printed Name and Title John Guzik, Partner

LD-2DS (REV. 4/03)

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