

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration

2. House Identification Number 36049-

Senate Identification Number 75570-

REGISTRANT

3. Registrant name J. A. BURKMAN AND ASSOC

Address 1530 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

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

labeled "Self" and proceed to line 10.

7. Client name NUMBLE BUMBLES, INC. Self

Address P.O. Box 3245

City OAKTON State VA Zip 22124-

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

SMALL BUSINESS THAT CREATES + DESI

LOBBYISTS

CHILDRENS' LEARNING PROJ

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within t 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 appl)
<u>JACK BURKMAN</u>	

Registrant Name

J.M. BURKMAN + ASSOC.

Client Name

NUMSCE BUMP

LOBBYING ISSUES

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

EDU

12. Specific lobbying issues (current and anticipated)

PROMOTING ~~LEARNING~~ VARIOUS CHILDREN
LEARNING PRODUCTS WITHIN THE
GOVERNMENT.

AFFILIATED ORGANIZATIONS

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

No → Go to line 14.

Yes ↓ Complete the rest of this section for each the criteria above, then proceed to line 1

Name	Address	Principal Place (city and state)

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
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, final 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 inter of the lobbying activity?

No → Sign and date the registration.

Yes ↓ Complete the rest of this section matching the criteria above, th registration.

Name	Address	Principal place of business (city and state or country)	Amount contributio lobbying act

Signature _____ Date 11 11

Printed Name and Title JACIL BURZILMAN, PRES
