

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  
05 DEC -7 PM 2

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 12-4-

2. House Identification Number 36049-

Senate Identification Number 74570-

## REGISTRANT

3. Registrant name

Address

City

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

be labeled "Self" and proceed to line 10.  Self

7. Client name

Address

City

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

City

State/Zip (or Country)

9. General description of client's business or activities

HOME BUILDING COMPANY

## 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 this section has served as a "covered executive branch official" or "covered legislative branch official" with 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

JACK BURKMAN

0000471005



Case ID: 06/081

Registrant Name

J.M.R.

Client Name

[Signature]

**LOBBYING ISSUES**

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

Gov

12. Specific lobbying issues (current and anticipated)

MARKETING THE COMPANY'S PRODUCTS TO THE FEDERAL GOV

**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 e the criteria above, then proceed to line 14

Name	Address	Principal Place o (city and state o

**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, finan 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 intere of the lobbying activity?

No -> Sign and date the registration.

Yes -> Complete the rest of this section matching the criteria above, the registration.

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

Signature

[Signature]

Date 12-3-1

0000471006



SIGNATURE

Printed Name and Title

JACOB BURKMAN, PR

Form 1 D-1 (Rev. 06/08)