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02 JUN 28 AM 9:

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 5-24

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name

J. M. BURKMAN AND ASSOC

Address

1530 KEY BLVD. #1222

City

ARLINGTON

State

VA

Zip

222

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 AND CONSULTING FIRM

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organization employing in-house lobbyists should labeled "Self" and proceed to line 10. Self

7. Client name

PATRICIA M. ROUSH

Address

6230 OAK CREEK WAY

City

CITRUS HEIGHTS

State

CA

Zip

9562

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

City

State/Zip (or Country)

9. General description of client's business or activities

INDIVIDUAL IN A CHILD CUSTODY F

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within 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>	

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Registrant Name J.M. BURKMAN FASS Client Name PATRICIA M. ROUS

LOBBYING ISSUES

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

FOR GOV

12. Specific lobbying issues (current and anticipated)

LOBBYING THE HOUSE GOVERNMENT COMMITTEE REGARDING U.S. CITIZEN HELD IN SAUDI ARABIA.

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 entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

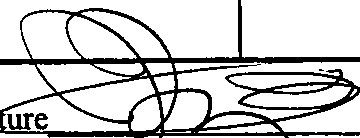
14. Is there any foreign entity that:

- 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 or 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 lobbying activity?

No → Sign and date the registration.

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

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

Signature 

Date 4/4/07

Printed Name and Title JACK BURKMAN

PRESIDENT

