

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

<http://lobbyingdisclosure.house.gov>

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

<http://www.senate.gov/lobby>

## LOBBYING REPORT

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

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization/Lobbying Firm <input type="checkbox"/> Self Employed Individual <b>BKSH &amp; Associates</b>			
<b>2. Address</b> <input type="checkbox"/> Check if different than previously reported Address1 <b>1110 Vermont Avenue, NW</b> Address2 <b>Suite 1000</b> City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b> - Country <b>USA</b>			
<b>3. Principal place of business (if different than line 2)</b> City _____ State _____ Zip Code _____ - Country _____			
<b>4a. Contact Name</b> <b>THERESA WEBER</b>	<b>b. Telephone Number</b> <input type="checkbox"/> International Number <b>(202) 530-4816</b>	<b>c. E-mail</b> <b>theresa.weber@bksh.com</b>	<b>5. Senate ID#</b> <b>6291-101</b>
<b>7. Client Name</b> <input type="checkbox"/> Self <input type="checkbox"/> Check if client is a state or local government or instrumentality <b>AT&amp;T</b>			<b>6. House ID#</b> <b>331180004</b>

**TYPE OF REPORT** 8. Year **2008** Q1 (1/1 - 3/31)  Q2 (4/1 - 6/30)  Q3 (7/1-9/30)  Q4 (10/1 - 12/31)

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 Issue Activity

### INCOME OR EXPENSES - YOU MUST complete either Line 12 or Line 13

12. Lobbying	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input checked="" type="checkbox"/> \$ <b>120,000.00</b>	<b>EXPENSE</b> relating to lobbying activities for this reporting period were: <u>Less than \$5,000</u> <input type="checkbox"/> <u>\$5,000 or more</u> <input type="checkbox"/> \$ _____
Provide a good faith estimate, rounded to the nearest \$10,000, 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).	<b>14. REPORTING</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Filed Electronically Date 04/21/2008

Printed Name and Title Theresa Weber, Office Manager

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Add additional page(s) as needed.

15. General issue area code   (one per page)

16. Specific lobbying issues

Relevant Regulatory Provisions, Video Competition Act, and Foreign Intelligent Surveillance Act. S. 2248 and H.R.3773

17. House(s) of Congress and Federal agencies  Check if None

U.S. HOUSE OF REPRESENTATIVES, U.S. SENATE

18. Name of each individual who acted as a lobbyist in this issue area

First Name	Last Name	Suffix	Covered Official Position (if applicable)	New
Charlie	Black		N/A	<input type="checkbox"/>
Paul	Brown		N/A	<input type="checkbox"/>
Mark	Disler		N/A	<input type="checkbox"/>
M.B.	Oglesby	Jr.	N/A	<input type="checkbox"/>
Keith	Smith		N/A	<input type="checkbox"/>
Stefan	Bailey		Legislative Director, Cong. Nick Rahall	<input type="checkbox"/>
James	Healey		N/A	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Printed Name and Title Theresa Weber, Office Manager

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

-

Country \_\_\_\_\_

21. Client new principal place of business (if different than line 20)

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

-

Country \_\_\_\_\_

22. New General description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

	First Name	Last Name	Suffix		First Name	Last Name	Suffix
1	Charlie	Black		3			
2				4			

**ISSUE UPDATE**

24. General lobbying issue that no longer pertains

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Internet Address:

Name	Address				Principal Place of Business (city and state or country)
	Street Address	State/Province	Zip	Country	
	City				City
					State Country
					City
					State Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3
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**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
	Street Address	State/Province	Country			
	City			City		%
				State		
				Country		

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

1	3	5
2	4	6

Printed Name and Title Theresa Weber, Office Manager