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

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENAIE

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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amendo	ed Registration	1. Effective Date of Registration 05/26/04			
2.	House Identification l	Number <u>30771232</u>	Senate Identification Number			
RI	EGISTRANT					
3.	Registrant Name	Williams & Jensen, PC				
	Address	1155 21st Street, NW	Suite 300			
	City	Washington	State DC Zip 20036			
4.	Principal place of bus	siness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number ar 202-659-8201	nd contact name Contact  Barbara W. Bonfiglio	E-Mail (optional)			
6.	General description of registrant's business or activities  Law Firm					
C	·	ying firm is required to file a separate regi	stration for each client. Organizations employing in-house lobbyists sho			
7.	Client Name Virginia Commonwealth University Health System					
	Address	910 Franklin Street	PO Box 842512			
	City	Richmond	State VA Zip 23284			
8.	Principal place of bu	al place of business (if different from line 7) State/Zip (or Country)				
9.	General description of client's business or activities Undergraduate and Graduate University					
	in this section has se	rved as a "covered executive branch o	et as a lobbyist for the client identified on line 7. If any person last as a lobbyist for the client identified on line 7. If any person last as a lobbyist for "covered legislative branch official" within two years and/or legislative position(s) in which the person served.			
	Name		Covered Official Position (if applicable)			
	Michael Beer		Senior Leg. Assistant Rep. Hobson			
	Christopher Hatche	er	Leg. Director of Rep. Scott McInnis			
	Susan B. Hirshman	n	Chief of Staff Majority Whip			

Form LD-1 (Rev. 06/98)

egistrant Name:	Williams & Jensen, PC  Virginia Commonwealth University Health System					
Client Name:						
LOBBYING 11. General lobb MED		oplicable codes listed in	n instructions and on the rev	erse side of Form LD-1, page 1.		
12. Specific lobb	oying issues (current and anti g for Massey Cancer Center	•				
13. Is there an er	D ORGANIZATION that the client that the client and in whole or major	t contributes more than		<del></del>		
🛚 No. Go t	o line 14.	☐ Yes.	Complete the rest of this criteria above, then proce	section for each entity matching ed to line 14.		
	Name .	A	Address	Principal Place of Bus (city and state or cour		
a) hold b) dire of tl c) is an lobb	foreign entity that: Is at least 20% equitable own ctly or indirectly, in whole o ne client or any organization	r in major part, plans, s identified on line 13; c	supervises, controls, directs, or don line 13 and has a direct	finances, or subsidizes activities interest in the outcome of the section for each entity matching		
Name		Address	Principal Place of Busic (city and state or coun			

Form LD-1 (Rev. 06/98)