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

2 8 8 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY
07 FEB 2

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 1-16-0
2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name William O. Lipinsk	
Address 5838 ARCH	ER AVE
City CHICAGO	State III. Zip 60638
4. Principal place of business (if different from line 3) City SAME	State/Zip (or Country)
5. Telephone number and contact name 773-582-7477 Contact	LiPinski E-mail (optional)
6. General description of registrant's business or activities Self-employed government affai	
7. Client name Association of American Address 50 F Street, NW	***************************************
City Washington	State DC Zip 20001
8. Principal place of business (if different from line 7) City	State/7in (or Country)
9. General description of client's business or activities Trade association for	
this section has served as a "covered executive branch of acting as a lobbyist for the client, state the executive and	
Name Name	Covered Official Position (if applicable)
William O. Lipinski	

Registrant Name		Client N	Name			
LOBBYING ISSU		applicable codes lis	sted in instructions and on	the revers	e side of Form LD	-l, pag
RRR	 -					
12. Specific lobbying issu	ies (current and an	ticipated)				
Safety Security Economic Rec	gulation					
AFFILIATED OR	CANTZATI	ONC		····		
13. Is there an entity oth	er than the client	t that contributes i	more than \$10,000 to the ns, supervises or contro	e lobbyin ls the regi	g activities of the strant's lobbying	regis: activi
② No ⇔ Go to	line 14.	☐ Yes	Complete the rest of the criteria above,			y matc
Name	•••••••••••••••••••••••••••••••••••••••	Address			Principal Place of Business (city and state or country)	
FOREIGN ENTIT	TEC					
14. Is there any foreign						
o) directly or activities o c) is an affilia	indirectly, in whof the client or an	ole or in major pa ly organization ide	e client or any organizat ort, plans, supervises, co entified on line 13; or n identified on line 13 a	ontrols, di	rects, finances or	subsid
No ⇔ Sign and date the registration.		Yes I Complete the rest of this section for each ent matching the criteria above, then sign and dr registration.				
Name	Ad	idress	Principal place of business (city and state or count		Amount of ontribution for obying activities	Own perce in cli
Signature MM	lea D.	tepent	D] Pate	2-6-0	27
F	Filing #24ec7b65-8	8e70-4fe8-b357-63	0397901b05 - Page 3 of 2	1	//. · /	

Printed Name and Title William O. Lipinski Ofesident (C) (C)

Form LD-1 (Rev. 06/98)