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 SE RETARY OF THE SENATE

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LOBBYING REPORT

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

Registrant Name Williams & Jensen, PLLC			
2. Registrant Address		Suite 300 DC 20036	
3. Principal Place of Business (if different f	rom line 2)		
City	State/Zip (or Country)		
4. Contact Name Barbara W. Bonfiglio	Telephone E-ma 202-659-8201	il (optional)	5. Senate ID #
7. Client Name	ersity Health System		6. House ID # 30771232
10. Check if this is a Termination Relation INCOME OR EXPENS			11. No Lobbying
12. Lobbying 1	Firms	13. Organ	nizations
INCOME relating to lobbying acti period was:	vities for this reporting	EXPENSES relating to lobbying period were:	activities for this report
Less than \$10,000 \square		Less than \$10,000	
\$10,000 OF HIGHE \to \rightarrow \tau \rightarrow \ta	ome from the client trant by any other entity	\$10,000 or more >>\$ 14. REPORTING METHOD. Of accounting method. See instruction Method A. Reporting amount the Internal Reverse.	ns for description of op ts using LDA definition ts under section 6033(b nue Code
		Method C. Reporting amoun Internal Revenue	

Signature		Date	15
Printed Name and Title	Barbara W. Bonfiglio - Attorney		Page

^o sqtar	nt Name:								
ient Na	ame:	Virginia C	<u>Commony</u>	vealth U	niversity H	lealth System			
gaged	TNG ACT in lobbying ion as requ	on behalf	of the clie	ent during	g the report	ing period. Usi	general issue are ng a separate pa	eas in which the	e registrant ode, provide
. Ger	neral issue	area code	<u>EDU</u>	(or	ne per page)			
	ecific Lobb ucation	ying issues							
7 Ua	yuag(a) of C	onaress and					™ Cha	eck if None	
", по	Juse(s) of C	ongress and	i kaderal	agencies	contacted				
			d Federal	agencies	contacted		A Circ		
			l Federal	agencies	contacted		A Clie		
			i Federal	agencies	contacted		A Clic		
8. Na	ame of each	individual				s issue area	A Cité		
	ame of each	individual				ı	Official Position		
Na ——						Covered		(if applicable)	
Na ——	ame					Covered	Official Position	(if applicable)	
Na ——	ame					Covered	Official Position	(if applicable)	
Na ——	ame					Covered	Official Position	(if applicable)	
Na ——	ame					Covered	Official Position	(if applicable)	
Na ——	ame					Covered	Official Position	(if applicable)	

Signature		 Date	
Printed Name and Title	Barbara W. Bonfiglio - Attorney	 	Page

ient Name:	Virginia Commonwe	ealth University Health System
gaged in lobbying		y codes as necessary to reflect the general issue areas in which the registrant it during the reporting period. Using a separate page for each code, provide all page(s) as needed.
. General issue	area code MED	(one per page)
. Specific Lobby Appropriation	= =	
7. House(s) of C House of Rep	ongress and Federal ag	gencies contacted Check if None
) N		-a a labbuist in this issue orga
3. Name of each	individual who acted a	as a lobbyist in this issue area
3. Name of each Name	individual who acted a	as a lobbyist in this issue area Covered Official Position (if applicable)
Name	el	Covered Official Position (if applicable)
Name Beer, Michae	el	Covered Official Position (if applicable) Senior Leg. Assistant Rep. Hobson
Name Beer, Michae	el	Covered Official Position (if applicable) Senior Leg. Assistant Rep. Hobson
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Name Beer, Michae	el	Covered Official Position (if applicable) Senior Leg. Assistant Rep. Hobson

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