

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

SECRETARY CT
03 AUG 14

LOBBYING REPORT

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

| | | |
|---|----------------------------------|----------------------------------|
| 1. Registrant Name Williams & Jensen, PC | | |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1155 21st Street, NW Suite 300 City Washington State/Zip (or Country) DC 20036 | | |
| 3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____ | | |
| 4. Contact Name Barbara W. Bonfiglio | Telephone 202-659-8201 | E-mail (optional) _____ |
| 5. Senate ID # 41454-517 | | |
| 7. Client Name <input type="checkbox"/> Self National Association of Rehabilitation Agencies | | 6. House ID # 30771028 |

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) ☒ OR Year End (July 1-Decer

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| | |
|--|--|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 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).</p> | <p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate e: accounting method. See instructions for description of or</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitior</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p> |
|--|--|

Signature  Date 8/14/03

Printed Name and Title Barbara W. Bonfiglio - Attorney Page

Registrant Name: Williams & Jensen, PC

Client Name: National Association of Rehabilitation Agencies

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. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific Lobbying issues

Medicare coverage and reimbursement

Rules concerning medical records privacy

HCFA rules for physician referrals

HHS rules concerning medical records privacy

Medicare therapy caps

H.R. Res. 3 (fee schedule)

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House of Representatives

Senate

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

| Name | Covered Official Position (if applicable) |
|------------------|---|
| Lynch, Karina V. | |
| Olsen, George G. | |
| | |
| | |
| | |
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| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____ Date 8/14/03

Printed Name and Title Barbara W. Bonfiglio - Attorney Page