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## LOBBYING REPORT

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

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

**TYPE OF REPORT** 8. Year 1999 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 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 Activity ☐

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_ Date 7/30/99

Printed Name and Title Barbara W. Bonfiglio - attorney Page 1 of 3

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

H.R. 1837,,

S. 472,,

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

☐ Check if None

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

Name	Covered Official Position (if applicable)	New
Olsen, George G.		No

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

☒ Check if None

Signature \_\_\_\_\_ Date 7/30/99

Printed Name and Title Barbara W. Bonfiglio - attorney Page 2 of 3

Registrant Name: Williams & Jensen, PC

Client Name: National Association of Rehabilitation Agencies

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

20. Client new address

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

City \_\_\_\_\_ State/Zip (or 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  
**Lehman, Dirksen J.**

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

**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 % in client

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

Signature *BW for Barbara W Bonfiglio* Date 7/30/99

Printed Name and Title Barbara W. Bonfiglio - attorney

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