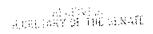
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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



99 AUG 16 AM 9: 50

LOBBYING REPORT

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

1. Registrant Name Williams & Jensen, PC			
2. Registram Address ☐ Check if different than previously reported Address \$155 21st Streef, NW 5	Suite 300 DC 20036		
3. Principal Place of Business (if different from line 2)			
City State/Zip (or Country)			
4. Contact Nume Fefephone E-mail Barbara W. Bonfiglio 202-659-8201			
7. Clant Name [] Self	6. House ID #		
National Association of Rehabilitation Agencies	30771028		
O. Check if this is a Termination Report NCOME OR EXPENSES - Complete Either Output Description:	Line 12 OR Line 13	II. No Lobbying Activity [
12. Lebbying 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	Less than \$10,000		
\$10,000 or more	\$10,000 or more	ponses (nearest \$20,000)	
Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.		
(including all payments to the registrant by any other entity	☐ Method A. Reporting amounts using LDA definitions only		
for lobbying activities on behalf of the client).	☐ Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code		
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code		
lignature	Date 7/30/99		
Printed Name and Title Barbara W. Boafiglio - attorney		Page 1 of 3	

lient Name: National Association of Rehabilitation Agencies					
8	iged in lobbyir	TVITY. Select as many codes as necessar	y to reflect the general issue areas in which the registrant ng period. Using a separate page for each code, provide		
5.	General issue Specific Lobb H.R. 1837,, S. 472,,	area code MMM (one per page)			
7.	House(s) of C House of Rep	iongress and Federal agencies contacted presentatives	□ Check if Nane		
8.	Name of each	individual who acted as a lobbyist in this	issue area Covered Official Position (if applicable)	New	
8.			1	New No	
8.	Name		1		
8.	Name		1		
	Name Oisen, Georg	ė G.	Covered Official Position (if applicable)		
	Name Oisen, Georg	e G.	Covered Official Position (if applicable)	No	

	National Association	of Rehabilitation Age	ncies			
formation i	Update Page - Con	plete ONLY where re	gistration information has c	banged.		
0. Client new add	fress			±±		
Oliver and a		C				
	ncipal place of business (if diff					
ity 2. New general di	escription of client's business	ato/Zšp (or Conntry) or activities				
-						
OBBYIST U						
3. Name of case Lehman, D		idividual who is no lon	ger expected to act as a lobby	ist for the client		
M.C.(((1844, 1)	ii kacii d.					
SSUE UPDA	TE	······································				
4. General lob	bying issues previously	reported that no longer	репаін			
AFFILIATED	ORGANIZATIONS	· · · · · · · · · · · · · · · · · · ·				
5. Add the foll	lowing affiliated organiz	ation(s)				
······································	٠٠٠		T	Principal Place of B	usiness	
Name		A	Address		(city and state or country)	
	ch previously reported o	rganization that is no le	suger affiliated with the regis	trant or citent		
6. Name of ea						
6. Name of ea						
FOREIGN EN	NTITIES lowing foreign entities					
FOREIGN EN			Principal Place of Business	Amount of contribution	Ownership %	
FOREIGN EN		Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership % in client	
FOREIGN EN 17. Add the foli		Adórexs	1	1		
FOREIGN EN 17. Add the foli		Address	1	1		
FOREIGN EN 27. Add the foll Name	lowing foreign entities		(city and state or country)	for tobbying activities	in client	
FOREIGN EN 27. Add the following Name 28. Name of ca	lowing foreign entities		1	for tobbying activities	in client	
FOREIGN EN 27. Add the following Name 28. Name of ca	lowing foreign entities		(city and state or country)	for tobbying activities	in client	
FOREIGN EN 17. Add the following Name 28. Name of ca	lowing foreign entities		(city and state or country)	for tobbying activities	in client	
FOREIGN EN 27. Add the following Name 28. Name of ca	lowing foreign entities		(city and state or country)	for tobbying activities	in client	