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LOBBYING REPORT

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

Williams & Jensen, PC		
2. Registrant Address Cty Cty Washington		Suite 300 DC 20036
3. Principal Place of Business (if	different from line 2)	
City	State/Zip (or Country)	
4. Contact Name Barbara W. Bonfiglio	Telephone E-mai 202-659-8201	l (optional) 5. Senate ID #
7. Client Name Self American Council of I	ife Insurers	6. House ID # 30771212
10. Check if this is a Termi	nds a previously filed version of the nation Report >> Terminatio PENSES - Complete Eithe	n Date 11. No Lobb
10. Check if this is a Termi	nation Report >> Terminatio PENSES - Complete Eithe	r Line 12 OR Line 13
INCOME OR EX	nation Report >> Terminatio	n Date 11. No Lobb

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Signature _	1 186 86	~ W. W. C.	100-100-	Date	ULTIAUUT
	(r	Ü			
Printed Nam	ne and Title	Barbara W. B	onfiglio - Attorney		Pa

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Regi	strant Name:	Williams & Jensen, PC	
Clie	Client Name: American Council of Life Insurers		
enga	ged in lobbyin		to reflect the general issue areas in which the registrant g period. Using a separate page for each code, provide
15.	General issue	area code INS (one per page)	
16.	Specific Lobb		
17.	House(s) of C House of Rep Senate	Congress and Federal agencies contacted presentatives	☐ Check if None
18.	Name of each	n individual who acted as a lobbyist in this i	ssue area
	Name		Covered Official Position (if applicable)
	Anderson, R	ebecca L.	
	Carp, Bertra	am W.	
	Franasiak, I	David E.	
	Hart, J. Stev	⁄en	
	Hirshmann,	Susan B.	Chief of Staff Majority Whip
	Oswald, Joe	1	
			
19.	Interest of ea	ch foreign entity in the specific issues listed	on line 16 above 🔀 Check if None

Signature		 Date _	0/1 //	
Printed Name and Title	Barbara W. Bonfiglio - Attorney	 	<u> </u>	Pa