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 O 07 APR 27

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 4-30-07	
2. House Identification Number	Senate Identification Number	
REGISTRANT 3. Registrant name William D. Lipi	nsKi	
Address 5838 South A	trcher Avenue	
City Chicago	State IL. Zip 60638	
4. Principal place of business (it different from line 3)	State/Zip (or Country)	
5. Telephone number and contact name (173) 582 - 7477 Contact	cWilliam Lipinski E-mail (optional)	
6. General description of registrant's business or activi	ities ent Affairs Consultant	
CLIENT A Lobbying firm is required to file a separate reginal labeled "Self" and proceed to line 10. \square so 7. Client name $A_{55001a+000}$ of A_{1000}	istration for each client. Organizations employing in-house lobbylsts should check Self Meri Can Railroads	
Address 50 F Street, N.	W.	
city Washington	State DC Zip 2000/	
8. Principal place of business (if different from line 7) City	State/Zip (or Country)	
LOBBYISTS 10. Name of each individual who has acted or is expect this section has served as a "covered executive br	ted to act as a lobbyist for the client identified on line 7. If any personanch official or "covered legislative branch official" within two ye ive and/or legislative position(s) in which the person served.	
Name	Covered Official Position (if applicable	
William D. Lipinski		
	B-b32c-cc1331441747 - Page 1 of 4	

Form LD-1 (Rev. 06/98)

sistrant Name William	D. Lipinski Clien	Name Association	of American Ra
LOBBYING ISSUES 11. General lobbying issue are RRR	as. Select all applicable codes	listed in instructions and on the	ne reverse side of Form LD-1, pa
12. Specific lobbying issues (constant) Safety Security Economic Regu	-lation		
AFFILIATED ORGA	NIZATIONS nan the client that contribute i in whole or in major part p	clans, supervises or controls Ses I Complete the rest of the	lobbying activities of the reg the registrant's lobbying acti this section for each entity ma
Name		the criteria above, the Address	nen proceed to line 14. Principal Place of Busines (city and state or countr
b) directly or inconstructionactivities of tc) is an affiliate	ity that: 20% equitable ownership in lirectly, in whole or in majo he client or any organizatio of the client or any organiz	or part, plans, supervises, con identified on line 13; or	ion identified on line 13; Or ontrols, directs, finances or su nd has a direct interest in the
of the lobbyin	-		ne rest of this section for each ne criteria above, then sign and n.
Name	Address	Principal place of business (city and state or coun	Amount of contribution for party) lobbying activities i
Signature W.L	Wear W X	I Vi O	Date 1777; 30, 20

0000052200

Form LD-1 (Rev. 06/98)

U