

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
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 SECRETARY OF THE SENATE  
 HAND DELIVERED

# 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>41454-51</b>
7. Client Name <input type="checkbox"/> Self <b>American Physical Therapy Association, PPS</b>	6. House ID # <b>30771085</b>		

8. TYPE OF REPORT 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	
<p><b>12. Lobbying Firms</b></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"/> &gt;&gt; \$ <u>520,000.00</u>  <small>Income (nearest \$20,000)</small></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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> &gt;&gt; \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

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

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

Registrant Name: Williams & Jensen, PC

Client Name: American Physical Therapy Association, PPS

**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  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)	New
<u>Crigler, Winfield P.</u>		<u>No</u>
<u>Olsen, George G.</u>		<u>No</u>
<u>Vlossak, Frank</u>	<u>Legislative assistant to Merrill Cook</u>	<u>Yes</u>

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: American Physical Therapy Association, PPS

**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: *Barbara W. Bonfiglio* Date 7/30/99

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