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LOBBYING REPORT

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

1. Registrant Name <u>Schramm, Williams & Associates, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>517 C Street, NE</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20002</u>			
4. Contact Name <u>Nancy Williams</u>		Telephone <u>(202) 543-4455</u>	E-mail (optional) 5. Senate ID # <u>34592-113</u>
7. Client Name <input type="checkbox"/> Self <u>Western Growers Insurance Services</u>		6. House ID # <u>30449009</u>	

TYPE OF REPORT 3. Year 2000 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 INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000</u> income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) 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
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Signature _____

Printed Name and Title _____

Nancy E. Williams, Secretary

Schramm, Williams &
Registrant Name Associates, Inc. Client Name Western Growers Insurance Services

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 AGR (one per page)

16. Specific lobbying issues

H.R. 2559- Crop Insurance

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives

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

Name	Covered Official Position (if applicable)	New
Robert Schramm		<input type="checkbox"/>
Duane Musser		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Nancy E. Williams* Date 2/10/01
Printed Name and Title Nancy E. Williams, Secretary

Form LLD-1 (REV. 0/00)

Page _____ of _____

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 HCR (one per page)

16. Specific lobbying issues

H.R. 1496, H.R. 2047- Health Insurance Reform
 H.R. 2990

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives
 U.S. Senate

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

Name	Covered Official Position (if applicable)	New
Robert Schramm		<input type="checkbox"/>
Duane Musser		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entry in the specific issues listed on line 16 above Check if None

Signature *Nancy E. Williams* Date 2/10/01
 Printed Name and Title Nancy E. Williams, Secretary