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

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

05 MAY -9 AM 8: 33

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration			1. Effective Date of Registration 04/01/2005				
2.	House Identification Number		Senate Identification Number				
RI	EGISTRANT						
3.	Registrant Name	Williams & Jensen, PC					
·	Address	1155 21st Street, NW	Suite 300				
	City	Washington	State DC Zip 20036				
4.	Principal place of bu	usiness (if different from line 3)	State/Zip (or Country)				
5.	Telephone number a 202-659-8201	and contact name Contact Barbara W. Bonfiglio	E-Mail (optional)				
6.	General description of registrant's business or activities Law Firm						
C]		bying firm is required to file a separate regived to file a separate regived.	stration for each client. Organizations employing in-house lobbyists should				
7.	Client Name	Calhoun Community College					
	Address	Office of the President	P.O. Box 2216				
	City	Decatur	State AL Zip 35609				
8.	Principal place of business (if different from line 7) City State/Zip (or Country)						
9.	General description of client's business or activities Alabama postsecondary education institution						
	in this section has se	erved as a "covered executive branch o	ct as a lobbyist for the client identified on line 7. If any person liste fficial" or "covered legislative branch official" within two years of and/or legislative position(s) in which the person served.				
	Name		Covered Official Position (if applicable)				
Michael Beer			Senior Leg. Assistant Rep. Hobson				
	Susan B. Hirshman	nn	Chief of Staff Majority Whip				
	Joyce A. Rogers						

Form LD-1 (Rev. 06/98)

gistrant Name:						 		
ent Name:	Calhoun Community College							
OBBYING 1. General lobb BUD	ISSUES ying issue areas. Select all a	pplicable co	des listed in	instructions and on the re	verse side	e of Form LD-1, page 1		
· =	oying issues (current and ant ling for accessible distance	-	portunities	and healthcare education	n funding	y.		
3. Is there an en	D ORGANIZATION that the client that the cried and in whole or major	it contribute						
🔀 No. Go 1	o line 14.		☐ Yes.	Complete the rest of this criteria above, then produced		section for each entity matching eed to line 14.		
	Name		Ac	idress		Principal Place of Bu (city and state or cou		
a) hol b) dire of t c) is a	foreign entity that: ds at least 20% equitable ow ectly or indirectly, in whole of the client or any organization affiliate of the client or any bying activity?	or in major p n identified o	oart, plans, so on line 13; oo	ipervises, controls, directs	s, finance	s, or subsidizes activitie		
🛭 No. Sig	n and date the registration.		☐ Yes.	Complete the rest of the criteria above, the sign				
Name	•	Address		Principal Place of Bu (city and state or cou		Amount of contribution for lobbying activition		

Printed Name and Title

Form LD-1 (Rev. 06/98)