

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 OF THE
07 FEB 20 PM 2

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1-1

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name

William D. Lipinski

Address

5838 ARCHER AVE,

City

CHICAGO

State

IL

Zip

606

4. Principal place of business (if different from line 3)

City

SAME

State/Zip (or Country)

5. Telephone number and contact name

773-587-7477

Contact

William Lipinski

E-mail (optional)

6. General description of registrant's business or activities

SELF-EMPLOYED GOVERNMENT AFF

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should ch

labeled "Self" and proceed to line 10.

Self

7. Client name

BURKINGTON NORTHERN SANTA FE

Address

547 WEST JACKSON BLD SU

City

CHICAGO

State

IL

Zip

606

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

RAIL ROADS

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pe
this section has served as a "covered executive branch official" or "covered legislative branch official" within two
acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name

Covered Official Position (if applica

William Lipinski

0000031491



Registrant Name _____ Client Name _____

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1

RRR

12. Specific lobbying issues (current and anticipated)

*ECONOMIC REGULATION
LABOR
SAFETY
SECURITY*

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying :

No → Go to line 14.

Yes ! Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cou

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in t of the lobbying activity?

No → Sign and date the registration.

Yes ! Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature

William O. Lipinski

Date

0-6-

Printed Name and Title

William O. Lipinski, Presid

3000031492

