Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Clerk of the House of Representatives Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amen	ded Registration	1. Effective Date of Registration	02/01/05		
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 be City	usiness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number : 202-659-8201	and contact name Contact Barbara W. Bonfiglio	E-Mail (optional)			
6.	General description Law Firm	of registrant's business or activities				
C		obying firm is required to file a separate registled "Self" and proceed to line 10. Self	tration for each client. Organizations emplo	oying in-house lobbyists should		
7.	Client Name College Savings Plans Network					
	Address	2760 Research Park Drive				
	City	Lexington	State KY Zip 40511			
8.	Principal place of b	rincipal place of business (if different from line 7) ity State/Zip (or Country)				
9.	General description of client's business or activities Organization that represents 529 plan					
	in this section has:	vidual who has acted or is expected to ac served as a "covered executive branch of byist for this client, state the executive a	ficial" or "covered legislative branch o	official" within two years of		
	Name		Covered Official P	osition (if applicable)		
	Christopher Hatc	her	Leg. Director of I	Rep. Scott McInnis		
	Susan B. Hfrshma	ann	Chief of Staff Ma	jority Whip		
	Karina V. Lynch					

Form LD-1 (Rev. 06/98)

ISSUES ying issue areas. Select	all applicable coo	les listed in	instructions and on the reverse s	ide of Form LD-1, page 1.
ntity other than the clies period and in whole or s	nt that contributes	more than supervises, o	or controls the registrant's lobbyi Complete the rest of this section	ng activities? on for each entity matching
			criteria above, then proceed to	iine 14.
Name		Address		Principal Place of Bus (city and state or cou
foreign entity that: ds at least 20% equitab	le ownership in th	ne client or a	any organization identified on lin	ne 13; or
the client or any organiz an affiliate of the client	zation identified o	on line 13; c	r	
n and date the registrati	ion.	☐ Yes.		
е	Address		Principal Place of Business (city and state or country)	Amount of contribution for lobbying activiti
	D ORGANIZAT ntity other than the clies period and in whole or a to line 14. Name ENTITIES foreign entity that: Ids at least 20% equitable ectly or indirectly, in whe client or any organis an affiliate of the client obying activity?	D ORGANIZATIONS ntity other than the client that contributes period and in whole or major part plans, so line 14. Name ENTITIES foreign entity that: Ids at least 20% equitable ownership in the ectly or indirectly, in whole or in major puthe client or any organization identified can affiliate of the client or any organization obying activity? In and date the registration.	DORGANIZATIONS Intity other than the client that contributes more than period and in whole or major part plans, supervises, to line 14. Name A ENTITIES foreign entity that: Ids at least 20% equitable ownership in the client or a certly or indirectly, in whole or in major part, plans, such client or any organization identified on line 13; of an affiliate of the client or any organization identified obying activity? In and date the registration. Yes.	DORGANIZATIONS Interview of the state of the client of any organization identified on line client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13; or and date the registration. Yes. Complete the rest of this section of the loby or indirectly, in whole or in major part, plans, supervises, controls, directs, finant the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13; or an affiliate of the client or any organization. Yes. Complete the rest of this section of the client or any organization identified on line 13; or an affiliate of the client or any organization identified on line 13 and has a direct interview or included the registration. Yes. Complete the rest of this section is considered the registration. Yes. Complete the rest of this section is considered the registration. Yes. Complete the rest of this section is considered the registration. Yes. Principal Place of Business Principal Place of Busines

Printed Name and Title

Form LD-1 (Rev. 06/98)