

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 SENATE

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LOBBYING REPORT

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

1. Registrant Name Williams & Jensen, PLLC			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1155 21st Street, NW Suite 300 City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Barbara W. Bonfiglio		Telephone 202-659-8201	5. Senate ID # 41454-517
7. Client Name <input type="checkbox"/> Self Natl Assoc of Rehabilitation Providers & Agencies		6. House ID # 30771028	

TYPE OF REPORT 8. Year 2005 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 Activities ☐**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms	13. Organizations
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>\$40,000.00</u> Income (nearest \$20,000)	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)
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(b) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature _____ Date **08/14/2005**

Printed Name and Title **Barbara W. Bonfiglio - Attorney** _____ Page

Registrant Name: Williams & Jensen, PLLC

Client Name: Natl Assoc of Rehabilitation Providers & Agencies

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
Medicare coverage and reimbursement for therapy services
Physician referral
Medicare therapy caps
Physician fee schedule

17. House(s) of Congress and Federal agencies contacted
House of Representatives
Senate

☐ Check if None

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

Name	Covered Official Position (if applicable)
Lynch, Karina V.	
Olsen, George G.	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature  Date 08/14/2005
Printed Name and Title Barbara W. Bonfiglio - Attorney Page