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



## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check	if this is an Amende	d Registration	1. Effect	ive Date of Registration	08/14/2004	
2. H				Senate Identification Number		
REC	GISTRANT					
3. R	Legistrant Name	Williams & Jensen, PC				
A	Address	1155 21st Street, NW		Suite 300		
C	City	Washington	State D	C Zip 20036		
	rincipal place of busi City	ness (if different from line 3)	State/Zi <sub>l</sub>	p (or Country)		
	Telephone number and	d contact name Contact  Barbara W. Bonfiglio	E-Mail (	optional)		
	General description of	registrant's business or activities				
CLI	<del>-</del>	ing firm is required to file a separate reg		client. Organizations employing i	n-house lobbyists should	
7. (	Client Name	Sunoco, Inc.				
1	Address	1101 Pennsylvania Avenue NW		Suite 510		
(	City	Washington	State D	C Zip 20004		
	Principal place of bus	iness (if different from line 7)	State/Zi	State/Zip (or Country)		
	General description of client's business or activities  Energy Company					
10.	in this section has ser	ual who has acted or is expected to ved as a "covered executive branch rist for this client, state the executive	official" or "covi	ered legislative branch officia	l" within two years of	
	Name			Covered Official Position	on (if applicable)	
	Michael Beer			Senior Leg. Assistant Rep. Hobson		
Christopher Hatcher				Leg. Director of Rep. Scott McInnis		
Susan B. Hirshmann				Chief of Staff Majority Whip		

Form LD-1 (Rev. 06/98)

ient Name:	Sunoco, Inc.						
LOBBYING 1		lect all applicable co	des listed in	instructions and on the revers	e side of Form LD-1, page 1.		
TAX							
<del>-</del>	ying issues (curren	t and anticipated)					
AFFILIATEI  13. Is there an en semiannual po	tity other than the	client that contribute	s more than supervises, o	\$10,000 to the lobbying active or controls the registrant's loble	ties of the registrant in a bying activities?		
🔀 No. Go to	o line 14.		☐ Yes. Complete the rest of this criteria above, then proce		s section for each entity matching t eed to line 14.		
Name			Address		Principal Place of Busi (city and state or coun		
TODE! CN F							
b) dire of th c) is ar	foreign entity that:  ds at least 20% equently or indirectly, in the client or any organization.	n whole or in major   tanization identified	part, plans, s on line 13; o	ny organization identified on upervises, controls, directs, fir r on line 13 and has a direct in	nances, or subsidizes activities		
🛚 No. Sign	and date the regis	tration.	☐ Yes.	Complete the rest of this se criteria above, the sign and	ection for each entity matching date the registration.		
Name		Address		Principal Place of Busin (city and state or countr			
Signature	Bons	millem	As)	Ćιο	Date 02/11/2005		

Printed Name and Title

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