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

03 NOV 12 AM &

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Che	eck if this is an Amend	ed Registration	1. Effective	e Date of Registration	9/1/03		
2.	House Identification		Senate Ide	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 City	siness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number at 202-659-8201	nd contact name Contact Barbara W. Bonfiglio	E-Mail (op	otional)			
6.	General description of	General description of registrant's business or activities Law Firm					
7.		oying firm is required to file a separate reg d "Self" and proceed to line 10. Burley Tobacco Co-Op		ent. Organizations employing a	in-house lobbyists should cl		
	Address	620 South Broadway					
	City	Lexington	State KY	Zip 40508			
8.	Principal place of bu	rincipal place of business (if different from line 7) State/Zip (or Country)					
9.	General description of client's business or activities Tobacco Farmers						
	in this section has se	dual who has acted or is expected to a crved as a "covered executive branch of yist for this client, state the executive	official" or "covere	d legislative branch officia	al" within two years of		
	Name			Covered Official Position	on (if applicable)		
	Michael Beer						
	Susan B. Hirshman	ın					

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Registrant Name:	Williams & Jensen	, PC					
Client Name:	Burley Tobacco Co-Op						
LOBBYING ISSUES 11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1. TOB							
12. Specific lob Buyout							
13. Is there an e	period and in whole or	FIONS ent that contributes more than major part plans, supervises, Yes.	or controls the registrant's l	obbying activities? section for each entity matching t			
	Name	A	address	Principal Place of Busin (city and state or count			
FOREIGN 2	ENTITIES of foreign entity that:						
a) ho b) dir of c) is lol	lds at least 20% equital rectly or indirectly, in we the client or any organian affiliate of the client obying activity?	ization identified on line 13; or any organization identifie	supervises, controls, directs or I on line 13 and has a direct	on line 13; or , finances, or subsidizes activities t interest in the outcome of the s section for each entity matching			
	n and date the registrat	Holi. I Tes.	criteria above, the sign and date the registration.				
Nam	e	Address	Principal Place of But (city and state or cou				
Signature	2 Millet	<u>N</u> Mu 1120	10	Date 10/9/2003			

Form LD-1 (Rev. 06/98)

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