

00 AUG 14 PM 4 50

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 352 Hart Building Washington, DC 20530
---	--

LOBBYING REPORT

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

1. Registrant Name KATHLEEN WINN & ASSOCIATES, INC.			
2. Address <input type="checkbox"/> Check if different than previously reported 213 A St. NE, Washington DC 20002			
3. Principal Place of Business (if different from line 2) City: N/A State/Zip (or Country):			
4. Contact Name Kathleen Winn	Telephone (202) 547-3363	E-mail (optional)	5. Senate ID # 43484-24
7. Client Name <input type="checkbox"/> Self Rennold L. Quaker State Company			6. House ID # 39157001

TYPE OF REPORT B. Year 2000 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ 40,000</p> <p><small>Income (net of \$20,000)</small></p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> \$ _____</p> <p><small>Expenses (net of \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013(b)(6) of the Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature Kathleen Winn

Printed Name and Title KATHLEEN WINN, President

L.D-2 (REV. 6/98) PAGE 2 of 1

Registrant Name Kathleen Winn & Assoc. Client Name Pennjail-Quaker State Co.

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 _____ (one per page)

16. Specific lobbying issues

N/A

17. House(s) of Congress and Federal agencies contacted Check if None

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Kathleen Winn Date August 12, 2000
Printed Name and Title KATHLEEN WINN & ASSOCIATES, Inc.

Registrant Name Kathleen Winn Assoc. Inc. Client Name Pennycil-Quaker State Co.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address
 21. Client new principal place of business (if different from line 20)
 City _____ State/Zip (or Country) _____
 22. New general description of client's business or activities _____

LOBBYIST UPDATE
 23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client _____

ISSUE UPDATE
 24. General lobbying issues previously reported that no longer pertain _____

AFFILIATED ORGANIZATIONS
 25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client _____

FOREIGN ENTITIES
 27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization _____

Signature Kathleen Winn Date August 12, 2000

Printed Name and Title KATHLEEN WINN, President