Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center 8-106 Canoon Building

Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE 99 JUL 29 MH10: 29 H.D.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 7/1/99			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name Winston & Strawn				
Address 1400 L Street. N.W.				
	State D.C. Zip 20005			
Principal place of business (if different from line 3) City	State/Zip (or Country)			
5. Telephone number and contact name (202) 371-5700 Contact	James H. Burnley E-mail (optional)			
6. General description of registrant's business or activities				
Law Firm				
inholed "Self" and proceed to line 10.	New York			
City New York	State NV Zip 10048			
Principal place of business (if different from line 7) City	State/Zip (or Country)			
General description of client's business or activities Banking				
this section has served as a "covered executive branch	o act as a lobbyist for the client identified on line 7. If any person listed in a official" or "covered legislative branch official" within two years of first ind/or legislative position(s) in which the person served.			
Name	Covered Official Position (if applicable)			
James H. Burnley IV				
Posm LD-1 (Rev. 06/98)	Pener I			

 General lobbying issue are 	S cas. Select all applicable cod	des listed in instructions and on the re	verse side of Form LD	l, page 1.	
BAN					
 Specific lobbying issues (Banking Reform 	current and anticipated)				
FFILIATED ORGA . Is there an entity other to a semiannual period and	han the client that contribu	utes more than \$10,000 to the lob t plans, supervises or controls the	bying activities of the registrant's lobbying	registrant ir activities?	
No ⇒ Go to line	14. Ü	Yes \$ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.			
Name		Address	Principal Place of Business (city and state or country)		
b) directly or ind	ity that: 20% equitable ownership lirectly, in whole or in ma he client or any organizati of the client or any organi	in the client or any organization is jor part, plans, supervises, control on identified on line 13; OF zation identified on line 13 and ba	is, directs, finances of	subsidizes	
	- ,	_	st of this section for e teria above, then sign	-	
c) is an affiliate of the lobbyin No⇔ Sign and dat	e the registration.	matching the cri- registration.	teria above, then sign	and date the	
c) is an affiliate of the lobbyin	- ,	matching the cri-		-	

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