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# LOBBYING REPORT

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

1. Registrant Name <b>American Continental Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>701 Pennsylvania Avenue, N.W., Suite 250 Washington, DC 20004</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <b>Krista Ritacco</b>	Telephone <b>(202) 347-6443</b>	E-mail (optional) <b>Ritacco@acgreg.com</b>	5. Senate ID # <b>2057-137</b>
7. Client Name <input type="checkbox"/> Self <b>Fox River Learning</b>	6. House ID # <b>31648022</b>		

TYPE OF REPORT 8. Year 1999 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 6/30/99 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇨ <u>\$40,000.00</u> <small>Income (nearest \$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><b>13. Organizations</b></p> <p>EXPENSES 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"/> ⇨ _____ <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> 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 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature \_\_\_\_\_

Printed Name and Title **Peter Terpeluk** **Partner**

Form LD-2 (REV. 6/98) Page 1 of 3

LD2-109

**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 **EDU** (one per page)

16. Specific lobbying issues

**General Education Issues in Congress.**

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

**U.S. House of Representatives**  
**U.S. Senate**

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

Name	Covered Official Position (if applicable)	New
<b>Colovas, Steve</b>		<input type="checkbox"/>
<b>Terpeluk, Peter</b>		<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

**None**

Signature \_\_\_\_\_ Date **8/3/99**

Printed Name and Title **Peter Terpeluk** **Partner**

**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 **CPI** (one per page)

16. Specific lobbying issues

**General Education Issues in Congress.**

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


**U.S. House of Representatives  
U.S. Senate**

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

Name	Covered Official Position (if applicable)	New
<b>Coiovas, Steve</b>		<input type="checkbox"/>
<b>Terpeluk, Peter</b>		<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

**None**

Signature  Date **6/3/99**

Printed Name and Title **Peter Terpeluk** **Partner**