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LOBBYING REPORT

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

1. Registrant Name MWW Group			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1747 Pennsylvania Avenue Suite 1150 City Washington State/Zip (or Country) DC 20006			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Jonathan Slade		Telephone 202-296-6222	E-mail (optional) jslade@mww.com
7. Client Name <input type="checkbox"/> Self The Montelegre Family			5. Senate ID # 6. House ID # 30666085

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Income (nearest \$20,000)</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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code</p>

Jonathan Slade

Signature _____ Date _____

Printed Name and Title **Jonathan Slade - Senior Vice President** _____ Pa

Registrant Name: MWW Group

Client Name: The Montealegre Family

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 BAN (one per page)
- 16. Specific Lobbying issues
Receiving compensation for Nicaragua bank claim

- 17. House(s) of Congress and Federal agencies contacted Check if None
Department of State
House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Horn, Matthew	Leg Asst and Counsel to Rep. Benjamin A. Gilman
Slade, Jonathan	

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



Signature _____ Date _____

Printed Name and Title **Jonathan Slade - Senior Vice President** _____ Page _____

Registrant Name: MWW Group

Client Name: The Montealegre Family

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 FOR (one per page)

16. Specific Lobbying issues
Assisting to obtain U. S. Visa

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

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

Name	Covered Official Position (if applicable)
Horn, Matthew	Leg Asst and Counsel to Rep. Benjamin A. Gilman
Slade, Jonathan	

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



Signature  Date

Printed Name and Title Jonathan Slade - Senior Vice President Page

Signature _____ Date _____

Printed Name and Title **Jonathan Slade - Senior Vice President** _____ Page