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LOBBYING REPORT

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

1. Registrant Name ALTHEIMER & GRAY			
2. Address <input type="checkbox"/> Check if different than previously reported 10 S. WACKER 36 FL.			
3. Principal Place of Business (if different from line 2) City: CHICAGO State/Zip (or Country) IL - 60606 US			
4. Contact Name PATRICK J. HEAD	Telephone 312	E-mail (optional)	5. Senate ID # 1193-51
7. Client Name <input type="checkbox"/> Self MONTGOMERY WARD	6. House ID # 33418004		

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 _____ 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 checked="" type="checkbox"/> ⇒ \$ <u>60,000</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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/> NONE</p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$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 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 Patrick J. Head
 Printed Name and Title PATRICK J. HEAD PARTNER

Registrant Name ALTBELMER E GRAY Client Name MONTGOMERY WARD

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 TAX (one per page)

16. Specific lobbying issues

PENSION EXCISE TAX (no bill numbers)

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

US HOUSE ; US SENATE

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

Name	Covered Official Position (if applicable)	New
<u>PATRICK J. HEAD</u>		<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 Patrick J. Head Date 7-22-99
Printed Name and Title PATRICK J. HEAD PARTNER

Printed Name and Title: **PAUL G. WARD** **PARTNER**

Signature: **Paul G. Ward** Date: **7-22-99**

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

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

27. Add the following foreign entities

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

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

25. Add the following affiliated organization(s)

24. General lobbying issues previously reported that no longer pertain

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

22. New general description of client's business or activities: **N.A.**

City: **N.A.** State/Zip (or Country): **N.A.**

21. Client new principal place of business (if different from line 20): **N.A.**

20. Client new address: **N.A.**

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

Registrant Name: **ALTHEIMER & GRAY** Client Name: **MONTGOMERY WARD**