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## **LOBBYING REPORT**

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

I. Registrant Name Winston & Strawn, LLP			
2. Address	·		
3. Principal Place of Business (if different from line a	State/Z	Cip (or Country) IL 60601	
4. Contact Name  Charles L. Kinney	Теlephone (202) 371-5765	E-mail (optional) ckinney@winston.com	5. Senate ID# 41682-0
7. Client Name	rity Claimants' Rep	os.	6. House ID #
TYPE OF REPORT 8. Year			11. No Lobbying
O. Check if this filing amends a previously for the contraction Report INCOME OR EXPENSES -	☐ ⇔ Termination	Line 12 OR Line 13	
O. Check if this filing amends a previously to the Check if this is a Termination Report	☐   → Termination  Complete Either	Line 12 OR Line 13  13. Organiz  EXPENSES relating to lobbying actiperiod were:	
O. Check if this filing amends a previously for the content of the	☐   Termination  Complete Either  or this reporting	Line 12 OR Line 13  13. Organiz  EXPENSES relating to lobbying actiperiod were:  Less than \$10,000  \$10,000 or more  \$\sigma \sigma_{\text{Exp}} \	ations  ivities for this repo
O. Check if this filing amends a previously for the content of the	Termination  Complete Either  or this reporting  \$80,000.00  (nearest \$20,000)  the nearest \$20,000, client (including all	Line 12 OR Line 13  13. Organiz  EXPENSES relating to lobbying actiperiod were:  Less than \$10,000  \$10,000 or more	ations ivities for this reponences (nearest \$20,00 ack box to indicate for description of using LDA definition ander section 6033

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LD-2 (REV. 6/98)

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Registrant Name	Winston & Strawn, LLP	Client Name	National Organization of Social Security Claimants' F
engaged in lobbying		g the reporting	to reflect the general issue areas in which the repperiod. Using a separate page for each code,
15. General issue ar	ea code GOV (one	per page)	
16. Specific lobbyir H.R. 743; S. 431 Insurance Progra	relating to the attorney fee paym	ent system and a	any legislation with issues affecting SSA's Disability
17. House(s) of Co	ngress and Federal agencies	contacted	☐ Check if None
	Representatives ndividual who acted as a lob	byist in this iss	ue area
	Name		Covered Official Position (if applicable)
Beryl F. Anthony, Jr			
Charles L. Kinney, F	Partner		
Gregory K. Smith, A	ssociate		
Wesley Bizzell, Ass			
Douglas Richardson	, Legislative Advisor		
John McMickle, Ass	ociate		
19. Interest of each t	foreign entity in the specific issu	ues listed on line	16 above
Sionature			Date

Printed Name and Title_	Charles L. Kinney, Partner	
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Form LD-2 (Rev.6/98) Page \_\_\_

egistrant Name	Winston & Str	awii, LLF	CHCIR IVAILE		Social Security Claimant
nformation Up	date Page - C	Complete ONL	Y where registration inform	nation has ch	anged.
20. Client new address					···
21. Client new principa	l place of business (if				
City			State/Zip (or Country)		
22. New general descri	ption of client's busin	sess of activities			
		d individual w	tho is <b>no longer</b> expected to a	act as a lobbyis	st for the client
ISSUE UPDATE 24. General lobbyi		sly reported th	at no longer pertain		
	ng issues previou	 DNS	nat no longer pertain		
AFFILIATED O 25. Add the follow	ng issues previou	 DNS	Address		Principal Place of B (city and state or c
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AFFILIATED O 25. Add the follow	RGANIZATIO	ONS anization(s)		with the regist	(city and state or c
AFFILIATED O 25. Add the follow	RGANIZATIO ring affiliated orga Name  previously report	ONS anization(s)	Address	with the regist	(city and state or c
AFFILIATED O 25. Add the follow  26. Name of each	RGANIZATIO ring affiliated orga Name  previously report	ONS anization(s)	Address on that is <b>no longer</b> affiliated	ee of business	(city and state or c
24. General lobby:  AFFILIATED O 25. Add the follow  26. Name of each  FOREIGN ENTI 27. Add the follow	RGANIZATIO ring affiliated orga Name  previously report	ons anization(s)	Address on that is no longer affiliated	e of business e or country)	(city and state or c

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Date 8/13/03

Signature

		• •
Printed Name and Title	Charles L. Kinney, Partner	 

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Form LD-2 (Rev. 6/98)