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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

		1. Effective Date of Registration	04/01/2006	
2. House Identification Number	38933	Senate Identification Number	28543	
REGISTRANT	······································			
3. Registrant name Organization Merci	ary Public Affairs	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address 1775 Eye Street, NW		Suite 700		
City Washington	State	e DC Zip 20006	USA	
4. Principal place of business (if differe				
City	State	e Zip		
5. Telephone number and contact name	Prefix F	ull Name		
202-551-1450 Co	ntact Mr. Jo	ohn Hishta E-mail jhishta@mercury	flc.com	
6. General description of registrant's by Public Affairs	siness or activit	ies		
Address 435 Lawrence Bell Drive, S City Williamsville	***************************************	e NY Zip 14221	Country USA	
8. Principal place of business (if different	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	
City	Stat	e Zip	Country	
9. General description of client's busine Wholesale distributor	ess or activities			
section has served as a "covered execut	ive branch officia	Go to act as a lobbyist for the client identified on line of "covered legislative branch official" with ative position(s) in which the person served. Covered Official Position (if a	hin two years of first	
John Hishta				

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Registrant Name Mercury Pul	blic Affairs	Client Name SBM Er	nterprises
	Find the code to select all applicable codes		Go to page 3 to add more lobbying in the reverse side of Form LD-1, page
<u>TOB</u>		<u> </u>	
12. Specific lobbying issues	(current and anticipated)		
Tobacco regulations			
AFFILIATED ORO 13. Is there an entity other a semiannual period an	GANIZATIONS than the client that contributes n d in whole or in major part plan	nore than \$10,000 to the lobb s supervises or controls the re	Go to page 3 to add more organize ying activities of the registrant in egistrant's lobbying activities?
No ⇔ Go to line	14. Yes	⇒ Complete the rest of the criteria above, then pro	nis section for each entity matching thoceed to line 14.
Name		Address	Principal place of Business (city and state or country)
FOREIGN ENTIT	IES		Go to page 3 to add more foreign
14. Is there any foreign er	ntity that:		
a) holds at leas b) directly or in	st 20% equitable ownership in th ndirectly, in whole or in major pa	e client or any organization is art, plans, supervises, control	genumed on line 13: OI s, directs, finances or subsidizes activ
	any organization identified on li		as a direct interest in the outcome of t
lobbying act			· ·
No ⇔ Sign and d	ate the registration.		the rest of this section for each entity he criteria above, then sign and date t n.
Name	Address	Principal place of business	Amount of Ow contribution for per
	Street Address City State/Province C		
rh.			
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#		<u>.</u>	Form Cor
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