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LOBBYING REPORT

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

1. Registrant Name		
Gibbons & Company 2. Address		
3. Principal Place of Business (if different from line 2) City: Washington State/Z 4. Contact Name Telephone Clifford S. Gibbons (202) 783-6000 7. Client Name Self * Playtex Products, Inc	E-mail (optional) gibbons@gibbonsco.com (January 1-June 30) OR Year F	5. Senate ID# 16134-6. House ID# 324090 End (July 1-December
10. Check if this is a Termination Report □ ⇔ Termination INCOME OR EXPENSES - Complete Either		1. No Lobbying A
12. Lobbying Firms	13. Organiza	tions
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\frac{\$\$40,000.00}{\text{lncome}}\$\$ 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).	EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 \$10,000 or more Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate exaccounting method. See instructions for description of or Method A. Reporting amounts using LDA definition. Method B. Reporting amounts under section 6033(Internal Revenue Code Method C. Reporting amounts under section 162(exact internal Revenue Code)	
Signature Olf Shown		
Printed Name and Title Clifford S. G	Gibbons, President	



Registrar	it Name	Gibbons & Company	Client Name	Playtex Products, Inc
engaged	in lobbying		ng the reporting period. U	the general issue areas in which the registing a separate page for each code, p
15. Gen	ieral issue ai	rea code CSP (one	e per page)	
16. <u>Spe</u>	cific lobbyi	ng issues		
BUI GO LBF MA TA) TRI CP HCI	V R N C O	,		
17. Ho	use(s) of Co	ngress and Federal agencies	contacted	heck if None
U.\$	S. House of S. Senate e White Hou	Representatives se		
18. Nai	ne of each i	ndividual who acted as a lol	obyist in this issue area	Council Official Professor (Co. 17, 11.)
Sam M	I. Gibbons	Mane	Chairman	Covered Official Position (if applicable)
***********	í S. Gibbons	***************************************	President	

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		oreign entity in the specific iss		☐ Check if None
Signatur	re		iten	Date 2-08-02
Printed 1	Name and Tit	le Clifford S. Gibbons, Presid	dent	

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