Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Clerk of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE 99 FEB -2 PM 4: 52 H.D.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration July 1999			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name Robin TAMEN				
Address 356 St. NE Sul	te # 305			
City WAShington	State AC Zip 20002.			
Principal place of business (if different from line 3)     City SAME	State/Zip (or Country)			
	Robin TATION E-mail (optional) MAZION			
6. General description of registrant's business or activities	@An.com			
Lubbying-Federal Gov. Relati	2445			
CLIENT A Lobbying firm is required to file a separate registration	on for each client. Organizations employing in-house lobbyists should check the box			
7. Client name The Life HOTTLS	Mage Ment Long.			
Address 134/ & St., N.W. S				
CAS WAShington DC	State			
Principal place of business (if different from line 7)     City	State/Zip (or Courery)			
9. General description of client's business or activities $\mathcal{F}_{\mathcal{C}}$	SALES OF - Jobacco, Beer, Food Products DERA / COUCANMENT RelAtions			
	act as a lobbyist for the client identified on line 7. If any person listed in official" or "covered legislative branch official" within two years of first don't legislative position(s) in which the person served.			
Name	Covered Official Position (if applicable)			
LODIN TATION	-			
***************************************				
	The state of the s			
	11-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Form LD-1 (Rev. 06/98)	Page 1			

Registrant Name	Clie	nt Name		
LOBBYING ISSUES 11. General lobbying issue area ToB BEV		es listed in instructions and on the	e reverse side of Form L	D-1, page 1.
12. Specific lobbying issues (ct FDA Jurisse Excise TAXE)	urrens and anticipated) FICTION S			
	n the client that contribut	es more than \$10,000 to the l		
No ⇒ Go to line 1	4.	Yes 1 Complete the rest of the		ty matching
Name		Address	Principal Place of Business (city and state or country)	
OREIGN ENTITIES		·····		
b) directly or indire activities of the c) is an affiliate of of the lobbying a	% equitable ownership in celly, in whole or in major client or any organization the client or any organizatetivity?	the client or any organization part, plans, supervises, contr identified on line 13; OF tion identified on line 13 and	rols, directs, finances o	r subsidizes
No □ Sign and date t	he registration.	Yes   Complete the rematching the corregistration.	est of this section for e riteria above, then sign	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client
Signature Tolen	~	Date	Feb 1 199	79
rinted Name and Title	CODIN IA HON			Page 2