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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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# LOBBYING REPORT

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

|   |                                  |
|---|----------------------------------|
| 1. Registrant Name<br><u>SPORTING ARMS &amp; AMMUNITION MANUFACTURERS' INSTITUTE, INC</u>   |                                  |
| 2. Address <input checked="" type="checkbox"/> Check if different than previously reported<br><u>2987 WEST HURST LANE / #110, DAKTON, VA 2:</u> |                                  |
| 3. Principal Place of Business (if different from line 2)<br>City: _____ State/Zip (or Country) _____   |                                  |
| 4. Contact Name<br><u>JAMES S. Chambers</u>   | Telephone<br><u>703-242-1690</u> |
| E-mail (optional)   | 5. Senate ID<br><u>5447</u>      |
| 7. Client Name <input type="checkbox"/> Self  | 6. House ID<br><u>3505</u>       |

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-

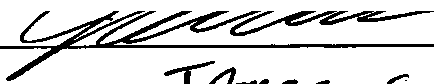
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobby

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13  |   |
|--|---|
| <p><b>12. Lobbying Firms</b></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 type="checkbox"/> ⇨ \$ _____<br/>Income (nearest \$20,000)</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____<br/>Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p> |

Signature



Printed Name and Title

JAMES E. CHAMBERS / EXECUTIVE DIRECTOR

LD-2 (REV. 6/98)

Registrant Name SAAMI Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested. Attach additional page(s) as needed.

15. General issue area code FIR (one per page)

16. Specific lobbying issues

UNITED NATIONS ISSUES  
FIREARM ISSUES

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

US HOUSE  
US SENATE  
US DOJ  
US DOT

US DOS

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

| Name                     | Covered Official Position (if applicable) |
|--------------------------|---|
| <u>JAMES E. Chambers</u> |   |
| .....                    | .....                                     |
| .....                    | .....                                     |
| .....                    | .....                                     |
| .....                    | .....                                     |
| .....                    | .....                                     |
| .....                    | .....                                     |
| .....                    | .....                                     |

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature [Handwritten Signature]

Date 2/3/03

Printed Name and Title JAMES E. Chambers / EXECUTIVE DIRECTOR

Form LD-2 (Rev. 6/98)

Page 4

Registrant Name

SAAMI

Client Name

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

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

**LOBBYIST UPDATE**

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

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bu<br>(city and state or co |
|------|---------|--|
|      |         |  |

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

**FOREIGN ENTITIES**

27. Add the following foreign entities

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev. 6/98)

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