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LOBBYING REPORT

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

1. Registrant Name Smokeless Tobacco Council, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1627 K Street, NW, Suite 700			
3. Principal Place of Business (if different from line 2) Washington DC 20006 City: State/zip (or Country)			
4. Contact Name Robert Y. Maples	Telephone (202) 452-1252	E-mail (optional)	5. Senate ID # 35833-12
7. Client Name <input checked="" type="checkbox"/> Self Self			6. House ID # 31757000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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

10. Check if this is a Termination Report ⇨ Termination Date 12/31/2003 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>180,000.00</u> Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b), Internal Revenue Code
	<input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e), Internal Revenue Code

Signature Robert Y. Maples Date 01/30/2004

Printed Name and Title Robert Y. Maples, President

LD-2 (REV. 4/03)

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Printed Name and Title Robert Y. Maples, President

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Registrant Name Smokeless Tobacco Council, Inc. Client Name Self

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

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

16. Specific lobbying issues

H.R. 140, Tobacco Livelihood and Economic Assistance for our Farmers Act; H.R. 245, Tobacco Equity Elimination Act of 2003; H.R. 986, Tobacco Market Transition Act; H.R. 1566, Phase III Implementation Act; H.R. 2824, Internet Tobacco Sales Enforcement Act; H.R. 3160, Tobacco Reduction, Accountability, and Community Enhancement Act of 2003; S. 1490, Tobacco Market Transition Act of 2003; S. 1177, PACT Act; Senate unnumbered draft to make certain changes to tobacco control policy.

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

U.S. House of Representatives
United States Senate

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

Name	Covered Official Position (if applicable)
Robert Y. Maples	
Daniel A. Mulvaney	

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

Signature *Robert Y. Maples* Date 01/30/2004



Registrant Name Smokeless Tobacco Council, Inc. Client Name Self

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

Robert Y. Maples
Daniel A. Mulvaney

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

TAX _____ TOB _____

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu. (city and state or cou

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 (city and state or country)	Amount of contribution for lobbying activities

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

Signature _____

Robert Y. Maples

Date _____

01/31/2004

Printed Name and Title Robert Y. Maples

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