

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

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

SECRETARY OF THE SENATE

05 MAR 21 PM 12:49

**LOBBYING REPORT**

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

|   |  |                                  |                                  |
|---|--|----------------------------------|----------------------------------|
| 1. Registrant Name<br><b>E. Del Smith &amp; Co. Inc.</b>  |  |                                  |                                  |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>1130 Connecticut Avenue N.W. #650</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20036</b> |  |                                  |                                  |
| 3. Principal Place of Business (if different from line 2)<br>City _____ State/Zip (or Country) _____  |  |                                  |                                  |
| 4. Contact Name<br><b>Sandra Ptak</b>   |  | Telephone<br><b>202-822-8300</b> | E-mail (optional)<br>_____       |
| 5. Senate ID #<br><b>35640-1154</b>   |  |                                  |                                  |
| 7. Client Name <input type="checkbox"/> Self<br><b>American Packaging</b>   |  |                                  | 6. House ID #<br><b>32884079</b> |

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec

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 Lobbyi

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

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



Registrant Name: E. Del Smith & Co. Inc.

Client Name: American Packaging

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

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

16. Specific Lobbying issues  
**2004 Federal Budget Appropriations**

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

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

| Name                   | Covered Official Position (if applicable) |
|------------------------|---|
| <b>Esposito, Mike</b>  |   |
| <b>Esposito, Sante</b> |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |

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

Signature \_\_\_\_\_ Date 1/25/2005

Printed Name and Title Sante Esposito - Partner \_\_\_\_\_ Pag