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## LOBBYING REPORT

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

1. Registrant Name Pipe Tobacco Council, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1707 H Street, NW. Suite 800			
3. Principal Place of Business (if different from line 2) City: Washington, DC State/Zip (or Country) 20006			
4. Contact Name Norman F. Sharp	Telephone 202-223-8207	E-mail (optional)	5. Senate ID # 31567-
7. Client Name <input type="checkbox"/> Self			6. House ID # 311550

**TYPE OF REPORT** 8. Year 2002 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 Lobbying

### 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"/> ⇨ \$ _____ 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 reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> _____</p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

*Norman F. Sharp*

Printed Name and Title

Norman F. Sharp, President

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Registrant Name Pipe Tobacco Council, Inc. Client Name \_\_\_\_\_

**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 cot** information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

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

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

Name	Covered Official Position (if applicable)
<u>Norman F. Sharp</u>	

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

Signature *Norman F. Sharp* Date August 14, 2002

Printed Name and Title Norman F. Sharp, President

