

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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Office of Public Records
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Washington, DC 20510

SECRETARY OF THE SENATE
02 AUG 13 PM 3:02

LOBBYING REPORT

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

1. Registrant Name Parry, Romani, DeConcini & Symms			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 517 C Street, N.E. City Washington State/Zip (or Country) DC 20002 USA			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Edward Baxter	Telephone 202-547-4000	E-mail (optional)	5. Senate ID # 30792-746
7. Client Name <input type="checkbox"/> Self National Nutritional Food Association			6. House ID # 30115068

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 1/31/02

11. No Lobby

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: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Income (nearest \$20,000)</div> 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).	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div> 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definit <input type="checkbox"/> Method B. Reporting amounts under section 603: the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code

Signature _____ Date 8/12/2002

Registrant Name: Parry, Romani, DeConcini & SymmsClient Name: National Nutritional Food Association

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 FOO (one per page)

16. Specific Lobbying issues

Monitor and advise with regards to issues that relate to dietary supplements.

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

Department of Health & Human Services

Federal Trade Commission

Food & Drug Administration

House of Representatives

Senate

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

Name	Covered Official Position (if applicable)
Baxter, Edward	
DeConcini, Dennis	
Haddow, John	
Romani, Romano	
Skladany, Linda	
Symms, Steve	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____

Date 8/12/2002

Registrant Name: **Parry, Romani, DeConcini & Symms**Client Name: **National Nutritional Food Association****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 UPDATE23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client**Davis-Henderson, Shannon****Hatch, Scott****Martin, Jack****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 (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

Date **8/12/2002**

