

99 AUG 12 PM 3:17

**LOBBYING REPORT**

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

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| 1. Registrant Name<br><b>Boland &amp; Madigan, Inc.</b>  |  |  |                                   |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported<br>Address <b>700 Thirteenth Street, N.W., Suite 350</b><br>City <b>Washington</b> State/Zip (or Country) <b>DC 20005</b> |  |  |                                   |
| 3. Principal Place of Business (if different from line 2)<br>City <b>Same As Above</b> State/Zip (or Country)  |  |  |                                   |
| 4. Contact Name <b>B. Callan Nagle</b> Telephone E-mail (optional)   |  |  | 5. Senate ID #<br><b>6644-568</b> |
| 7. Client Name <input type="checkbox"/> Self<br><b>Smokeless Tobacco Council, Inc.</b>   |  |  | 6. House ID #<br><b>31773-057</b> |

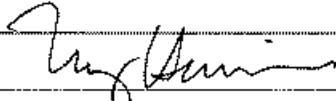
**TYPE OF REPORT** 8. Year 1999 Midyear (January 1-June 30)  **OR** Year End (July 1-December 31)

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 Activity

| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13  |  |
|--|--|
| <p><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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 checked="" type="checkbox"/> &gt;&gt; \$ <u>\$100,000.00</u><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><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 expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) 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> |

Signature  Date 8/12/99

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Registrant Name: Boland & Madigan, Inc.

Client Name: Smokeless Tobacco Council, Inc.

**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 TOB (one per page)

16. Specific Lobbying issues

**S.1217/H.R. 2670, Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2000, All Sections that Relate to Tobacco**

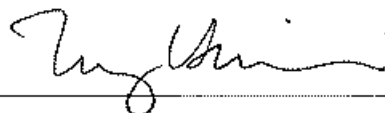
17. House(s) of Congress and Federal agencies contacted  Check if None

**House of Representatives**  
**Senate**

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

| Name                     | Covered Official Position (if applicable) | New |
|--------------------------|---|-----|
| <b>Boland, Michael</b>   |   | No  |
| <b>Haines, Terry</b>     |   | No  |
| <b>Madigan, Peter T.</b> |   | No  |
|                          |   |     |
|                          |   |     |
|                          |   |     |
|                          |   |     |

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

Signature  Date 2/12/99

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