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SECRETARY OF THE SEI 02 FEB -8 PM 12:

## **LOBBYING REPORT**

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

1. Registrant Name  SUSAN SMOCER PLA	<i>T</i> 7			
2. Address Check if different than previously reported	DR			
3. Principal Place of Business (if different from line 2)  City CREAT FALLS  State/2	Zip (or Country) VA J2-06	, <b>6</b>		
4. Contact Name Telephone  SUSAN PLATT 703/759-	E-mail (optional) SSR plattiens	5. Senate iD#		
7. Client Name D Self Philip Morris Manag		6. House ID#		
TYPE OF REPORT 8. Year Midyear (January 1-June 30) ☐ OR Year End (July 1-Decer 9. Check if this filing amends a previously filed version of this report ☐ 11. No Lobbying 4.				
INCOME OR EXPENSES - Complete Either Line 12 OR Line 13				
	13. Organizations			
12. Lobbying Firms	13. Organiza	tions		
12. Lobbying Firms  INCOME relating to lobbying activities for this reporting period was:	13. Organiza EXPENSES relating to lobbying activ period were:			
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LOBBYING ACTIVITY. Select as many codes as necess engaged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as need	ting period. Using a separate page for each code,
15. General issue area code TOB (one per page)	
16. Specific lobbying issues  Discussions related to - Tobacco	5247-FDA Regulation
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17. House(s) of Congress and Federal agencies contacted United States Senate	☐ Check if None
18. Name of each individual who acted as a lobbyist in thi	s issue area
Name	Covered Official Position (if applicable)
SUSAN S PLATT	
	e u Ma
19. Interest of each foreign entity in the specific issues listed on	line 16 above Check if None
Signature Major Control	Date Fel 8, 2002
Printed/Name and Title SUSHW WCHTT	i v

Registrant Nam	* SUSANPLATT	Client Name_	PHILIP M	ORRIS MANAGENE
LOBBYING engaged in lo information a	ACTIVITY. Select as many code bbying on behalf of the client during requested. Attach additional pages	es as necessary to ng the reporting pe(s) as needed.	reflect the gener	al issue areas in which the reg
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17. House(s	of Congress and Federal agencies	s contacted enak	Check if	None
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	t of each foreign entity in the specific	issues listed on line	: 16 above	Check if None
Signature	Auga Molar	<del>U</del>	:	Date February 8
7	me and Title SUSANS	PLATT	***	

Form LD-2 (Rev.6/98)

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