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

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

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## **LOBBYING REPORT**

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

1. Registrant Name	
Winston & Strawn LLP	
2. Address Check if different than previously reported	
1700 K Street, N.W.	
3. Principal Place of Business (if different from line 2)	
City: Washington State/2	Zip (or Country) DC 20006
4. Contact Name Telephone	E-mail (optional) 5. Senate ID #
John D. McMickle (202) 282-5833	41682-
7. Client Name Self	6. House iD #
Altria Corporate Services, Inc.	30511
10. Check if this is a Termination Report □ ⇒ Termination  INCOME OR EXPENSES - Complete Either	, , , ,
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporteriod were:
Less than \$10,000 🗖	Less than \$10,000 🔲
\$10,000 or more	\$10,000 or more
\$10,000 or more  \$\alpha\$ \$ \$120,000.00 Income (nearest \$20,000)	Expenses (nearest \$20,000
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of c
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definition
activities on behalf of the client).	Method B. Reporting amounts under section 6033( Internal Revenue Code
	Method C. Reporting amounts under section 162(e Internal Revenue Code
Signature Duck	
Printed Name and Title John D. Mc	Mickle - Attorney

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Registrant Name	Winston & Strawn LLP	Client Name	Altria Corporate Services, Inc.
engaged in lobbyi	TIVITY. Select as many codes a ng on behalf of the client during to puested. Attach additional page(s	he reporting period.	et the general issue areas in which the Using a separate page for each code
15. General issue	area code AGR (one pe	r page)	
l6. Specific lobb	ying issues		
Monitor bankru	uptcy legislation		
Į.			
r	Congress and Federal agencies con	ntacted	Check if None
Senate House of Re	presentatives		
18. Name of each	h individual who acted as a lobby	ist in this issue area	
	Name		Covered Official Position (if applicable)
John D. McMickle	)	Attorney	
Charles L. Kinney	/	Attorney	
	•		
		***************************************	
		***************************************	
		***************************************	
19. Interest of eac	h foreign entity in the specific issues	listed on line 16 above	e 🖸 Check if None
a.	1. 1		Λ –
Signature			Date 11 10/10
Signature Printed Name and	Tiple John D. McMickle - Attorney		Date

Form LD-2 (Rev.6/98)

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		Client Name	Altria Corporate Services, Inc.
engaged in lobbyin	TVITY. Select as many code ag on behalf of the client during uested. Attach additional pag	ng the reporting period	ect the general issue areas in which I. Using a separate page for each
15. General issue	area code BNK (one	per page)	
16. Specific lobby	ing issues		
Monitor bankrup	otcy legislation		
	ongress and Federal agencies	contacted	Check if None
Senate House of Rep	resentatives		
18. Name of each	individual who acted as a lob	byist in this issue area	
	Name		Covered Official Position (if applicable)
John D. McMickle	Name	Attorney	Covered Official Position (if applicable)
John D. McMickle Charles L. Kinney	Name	Attorney Attorney	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
***************************************	Name	***************************************	Covered Official Position (if applicable)
Charles L. Kinney	foreign entity in the specific issu	Attorney	Covered Official Position (if applicable)
Charles L. Kinney		Attorney	Covered Official Position (if applicable)

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