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LOBBYING REPORT

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

1. Registrant Name: SUSAN SMOCER PLATT			
2. Address <input type="checkbox"/> Check if different than previously reported 10110 Walker Lake Drive			
3. Principal Place of Business (if different from line 2) GREAT FALLS City: State/zip (or Country) VA 22066			
4. Contact Name SUSAN PLATT		Telephone 703/759-9622	E-mail (optional) ssrplatt@msn.ca
			5. Senate ID # 59411
7. Client Name <input type="checkbox"/> Self Altria Corporate Services, Inc.			6. House ID # 35315

TYPE OF REPORT 8. Year 2003 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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</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 checked="" type="checkbox"/> ⇔ \$ <u>60,000</u> 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 align="center">13. Organizations</p> <p>EXPENSES 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"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(i) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Susan S Platt Date August 8

Printed Name and Title SUSAN S PLATT

Registrant Name SUSAN S PLATT Client Name Altria Corporate Se

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

DISCUSSIONS RELATED TO S.1177 (PACT ACT)
DISCUSSIONS RELATED TO FDA Regulation of
TOBACCO AND FARM BUYOUT

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

UNITED STATES SENATE
UNITED STATES HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)
<u>SUSAN S PLATT</u>	

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

Signature [Signature] Date August 8,
Printed Name and Title SUSAN S PLATT

