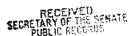
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, IXC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



01 JUL 27 PH 3: 38

LOBBYING REPORT

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

| t. Registraat Name Hooper Owen & Winburn | | A THE STATE OF THE | | |
|--|------------------------------------|--|--|--|
| | | Suite 730 DC 20004 | · | |
| 3. Principal Place of Ausiness (if different fro | m line 2) | | | |
| City | State/Zip (or Country) | | | |
| 4. Contact Name John Winburn | Тедервине — F-лиці 202-638-7780 | i (aplional) | 5. Senate HD # 18570-684 | |
| 7. Client Name Self Philip Morris Management Corporation | | | 6 House ID# 30874008 | |
| INCOME OR EXPENSE | •••••• | İ | **** | |
| 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: | | 13. Organizations EXPENSES relating to lobbying activities for this reporting period were: | | |
| Less than \$10,000 []] | | Less than \$10,000 🗆 | | |
| \$10,000 or more 26 32 \$ | 5,000.00 me (nearest \$20,000) | \$10,000 or more | (xpeases (acarest \$20,000) | |
| Provide a good faith estimate, rounde | d to the nearest | 14. REPORTING METHOD. Chec accounting method. See instructions for | k box to indicate expense or description of options. | |
| \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity | | Method A. Reporting amounts using LDA definitions only | | |
| for lobbying activities on behalf of the | be client). | Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code | | |
| | / | Method C. Reporting amounts ur Internal Revenue Cod | | |
| gnature Mulu | Lee | Date | 1 | |
| rinted Name and Title John Wiebur | n - Principal | | Page ! of 4 | |

| lient Name: Philip Morris Management Corporal | tien | |
|--|--|------------------|
| | ary to reflect the general issue areas in which the registrant rting period. Using a separate page for each code, provide ied. | |
| General issue area code TAX (one per page | e) | |
| Specific Lobbying issues H.R.1943, FDA Tobacco Jurisdiction Act of 2001, t H.R.1997, FDA Tobacco Authority Amendments A | | |
| | | |
| House(s) of Congress and Federal agencies contacted House of Representatives Senate | Check if None | |
| . Name of each individual who acted as a lobbyist in thi | is issue area | |
| Name | Covered Official Position (if applicable) | New |
| | : | ···· |
| Name Claze, Steve Reoper, Lindsay | : | New Yes No |
| Glaze, Steve | : | Yes |
| Glaze, Steve Hooper, Lindsay | : | Yes No |
| Glaze, Steve Hooper, Lindsay | : | Yes No |
| Glaze, Steve Hooper, Lindsay | : | Yes No |
| Glaze, Steve Hooper, Lindsay | : | Yes No |
| Glaze, Steve Hooper, Lindsay | Covered Official Position (if applicable) | Yes No |

| Registrant Name: Hooper Owen & Winburn | | |
|--|---|-----------------|
| lient Name: Philip Morris Management Corporat | ion | |
| LOBBYING ACTIVITY. Select as many codes as necessaring aged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed. | ning period. Using a separate page for each code, provide | |
| 5. General issue area code TOB (one per page | 2) | |
| Specific Lobbying issues H.R. 1043, FDA Tobacco Jurisdiction Act of 2001, the H.R. 1097, FDA Tobacco Authority Amendments A | | |
| | | |
| House(s) of Congress and Federal agencies contacted House of Representatives Senate | ○ Check if None | |
| | | |
| 8. Name of each individual who acted as a lobbyist in thi Name | s issue area Covered Official Position (if applicable) | New |
| | | New Yes |
| Name | | |
| Name Glaze, Steve | | Yes |
| Name Glaze, Steve Hooper, Lindsay | | Yes No |
| Name Glaze, Steve Hooper, Lindsay | | Yes No |
| Name Glaze, Steve Hooper, Lindsay | | Yes No |
| Name Glaze, Steve Hooper, Lindsay | | Yes No |
| Name Glaze, Steve Hooper, Lindsay Winburn, John | Covered Official Position (if applicable) | Yes No |
| Name Glaze, Steve Hooper, Lindsay | Covered Official Position (if applicable) | Yes No |
| Name Glaze, Steve Hooper, Lindsay Winburn, John | Covered Official Position (if applicable) | Yes No No |

| iormanon update | Page - Complete ONLY | where registration information l | ias changed. | | |
|--|---------------------------------------|--|-------------------------|--|--|
| D. Client new address | | | | | |
| E. Client new principal place | of business (if different from fine 2 | 0) | . | | |
| ity | State/Z)p (or Count | y) | | | |
| New general description o | f ulient's husiness or activities | | | | |
| OBBYIST UPDATE 3. Name of each previous Hooper, Lindsay | usty reported individual who | is no lenger expected to act as a to | obbyist for the client | | |
| SSUE UPDATE 4. General lobbying isse | ies previously reported that n | o longer pertain | | | |
| FFILIATED ORGA 5. Add the following aff | iliated organization(s) | | | ······································ | |
| Name | | Address | | Principal Place of Business (city and state or country) | |
| | | | | | |
| | isly reported prespization the | at is no longer affiliated with the re | egistrant or client | | |
| 6. Name of each previou | ary reported organization in | | | | |
| 6. Name of each previous OREIGN ENTITIES 7. Add the following for | | TO THE RESERVE OF THE SECOND S | | | |
| OREIGN ENTITIES | | Principal Place of Busines (city and state or country | | Ownership % in oligns | |
| OREIGN ENTITIES 7. Add the following for | eiga entities | Principal Place of Busine | 1 | | |
| OREIGN ENTITIES 7. Add the following for Name | reign entities Address Address | Principal Place of Busine | for tohbying activities | in chient | |