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

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

O6 FEB 10 PM 12: 00 LOBBYING REPORT

1. Registrant name			
Organization Robin Tallon & Associates			
2. Address Check if different than previously reported	***************************************	*************	***************************************
Address 1 305 C ST NE Suite 305	, * * *		
City Washington State [C Zip Cod	c 20002	Country USA
3. Principal place of business (if different than line 2)		******************************	
City State City State/2	Zip Cod Zip or Country	e	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail		5. Senate ID#
· · · · · · · · · · · · · · · · · · ·	llon@aol.com	,	48348-12
7. Client Name Self	^*************************************	4#/+************************************	6. House ID#
Altria Corporate Services Inc.		ŧ	34484000
	·		11. No Lobbying Activity
INCOME OR EXPENSES - Complete Either Line			
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	2 OR Line 13	13. Orga	anizations
INCOME OR EXPENSES - Complete Either Line	2 OR Line 13	13. Orga	anizations
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period	2 OR Line 13 EXPENSES relating	13. Orgs	11. No Lobbying Activity Anizations activities for this reporting pe
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	2 OR Line 13 EXPENSES relating were:	13. Orgs	anizations
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 \$10,000 or more \$\subseteq \subseteq \subseteq \frac{160,000}{2}\$ Provide a good faith estimate, rounded to the nearest \$20,000,	EXPENSES relating were: Less than \$10,000 \$10,000 or more	13. Orga g to lobbying □ □	anizations
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egistrant Name _	Robin Tallon & Associates	S	Client Name Altria Corporate Services Inc.
ngaged in lobby	CTIVITY. Select as a ring on behalf of the clequested. Attach addit	ient during the	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each codes needed.
5. General issue	area code TOB - Tob	oacco	(one per page)
6. Specific lobb	ying issues		
PACT Act, Po Propensity Le Products	ostal Reform, Jenkins A gislation, FETRA, Tax	Act, HR 1038, He Reconciliation,	omeland Security, Reduced Cigarette Reduced Budget Reconciliation, FDA Regulation of Tobacco
7. House(s) of (Congress and Federal a	agencies contac	ted Check if None
B .	Representatives		
3. Name of each	n individual who acted	i as a lobbyist i	n this issue area
First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
tobin	Tallon		
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'. Interest of eac	ch foreign entity in the	e specific issues	listed on line 16 above Check if None
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Client Name ____Altria Corporate Services Inc.

15. Ge	neral issue area	code FOO - Foo	od Industry (Safety	, Labeling, etc.)	_ (one per page)
16. Sp	ecific lobbying i	issues	,	Add page to continue	specific issues description for this issue >
HR S 8	4167 National to 108 Common Se	Jniformity Food L	abeling Act Act		
U.S	use(s) of Congr . House of Repres . Senate cutive Branch Age	sentatives	agencies contacted	I Check if N	one
	me of each indi	vidual who acted Name Last Name	as a lobbyist in the		dd a page to continue additing lobbyists for i Official Position (if applicable)
Robin	Tal		Suthx		•
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9. Inte	ATATEL	eign entity in the	specific issues lis		ove Check if None
9. Inte	ATATEL	eign entity in the	specific issues lis		Pove Check if None
9. Inte	ATATEL	eign entity in the	specific issues lis		ove Check if None
19. Inte	ATATEL	eign entity in the	specific issues lis		Check if None Add a page for a differ

Registrant Name Robin Tatlon & Associates

Registrant Name Robin Tallon & Asso	ciates	Client Name Altria Corporate Services Inc.			
Information Update Page	- Complete ONLY	where registration i	information has changed		
20. Client new address		9			
Address	a de	. · · · · · · · · · · · · · · · · · · ·			
City 21. Client new principal place of but	siness (if different than l	-	p Code Country		
City		,	Code Country		
22. New general description of clien	t's business or activities				
LOBBYIST UPDATE					
23. Name of each previously repo	orted individual who is	s no longer expected to			
1	Sunix	First Name	Last Name Suffix		
2		4			
	,	[4]			
ISSUE UPDATE		Find the coo	de to select below.		
24. General lobbying issues that n	o longer pertain				
AFFILIATED ORGANIZAT	IONS				
25. Add the following affiliated or					
Name		Address	Principal place of Business		
		······································	(city and state or country)		
	Address		City		
	C/S/Z Address		State Country		
	C/S/Z		City State Country		
26. Name of each previously repo	rted organization that	is no longer affiliated :			
	[2]	- and langue unimplica	3		
EODELON HAMMEN			<u> </u>		
FOREIGN ENTITIES 27. Add the following foreign entit	ties				
Name	Address	Principal place of busines	ss Amount of contribution Ownershi		
Street Address					
City	State/Province Country	(city and state or country			
City		(city and state or country) for lobbying activities percentag client		
City		(city and state or country			
28. Name of each previously reported	State/Province Country	(city and state or country City State Country	client		
28. Name of each previously reported affiliated organization	State/Province Country	(city and state or country City State Country	or is affiliated with the registrant, clien		
28. Name of each previously reported affiliated organization	State/Province Country	(city and state or country City State Country	or is affiliated with the registrant, client		
28. Name of each previously reported affiliated organization	State/Province Country	(city and state or country City State Country	or is affiliated with the registrant, clien		
28. Name of each previously reported affiliated organization	State/Province Country	(city and state or country City State Country	or is affiliated with the registrant, client		

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