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

SECRETARY OF THE SENATE

LOBBYING REPORT 22

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

1. Registrant name		,	
Organization Robin Tallon & Associates			
2. Address Check if different than previously reported			
305 C ST NE #305			
City Washington State D	C Zip Code	20002	Country USA
3. Principal place of business (if different than line 2)			
City State	Zip Code		Country
City State/Zi 4a. Contact Name b. Telephone number	p or Country c. E-mail		5. Senate ID#
Prefix Full Name	llon@aol.com		48348-12
Mr. Robin Tallon 202-544-6873 rmta 7. Client Name Self	IIION@aoi.com	***************************************	6. House ID#
Altria Group, Inc.			34484000
INCOME OR EXPENSES - Complete Either Line 1 12. Lobbying Firms	2 OK BIII 13	13. Organ	izations
10. Check if this is a Termination Report ☐ ⇒ Termination Date			11. No Lobbying Activ
• •		_	
INCOME relating to lobbying activities for this reporting period was:	were:		tivities for this reporting
Less than \$10,000	Less than \$10,000	V	
\$10,000 or more 🗵 🖒 \$160,000	\$10,000 or more	□ ⇒ \$	
Provide a good faith estimate, rounded to the nearest \$20,000,			eck box to indicate expense for description of opti-
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A.	Reporting amour	nts using LDA definitions or
activities on behalf of the client).	Method B.	Reporting amous	nts under section 6033(b)(8 Code
	Method C.		nts under section 162(e) of t
	<u> </u>		

00000041385

Registrant Name _	Robin Tallon & Associates		Client Name _	Altria Group, Inc.
engaged in lobby	CTIVITY. Select as many ving on behalf of the client capequested. Attach additional	luring the rep	orting period. U	the general issue areas in which the ro Ising a separate page for each code,
15. General issu	e area code)		(one per page)
16. Specific lobb	oying issues			
Class action Litigation Fai PACK Act— I Stopping Co		es of Tobacc	the enternet o products	
17. House(s) of	Congress and Federal agen	cies contacte	d Check if	None
US House of US Senate Adminisstrat	Representavies ion Agencies		-	
18. Name of each First Name Robin	ch individual who acted as a Name Last Name Tallon	a lobbyist in		l Official Position (if applicable)
,,			***************************************	

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

Printed Name and Title Robin Tallon President

formation Un	n Tallon & Associates date Page - Complete ONLY	where regist	ration inform	nation has ch	nanged.
0. Client new addres					
Address					
City		State	Zip Code		Country
21. Client new princi	pal place of business (if different than	line 20)			
City		State	Zip Code	4041	Country
22. New general desc	cription of client's business or activities	3			•
LOBBYIST UPD	ATE				··········
	reviously reported individual who	is no longer ex	expected to act a	s a lobbyist for Last Name	r the clien
		3			
		4			
I					
ISSUE UPDATE		Fir	nd the code to	select below.	
24. General lobbyin	ng issues that no longer pertain				
	<u></u>				
AFFILIATED O	RGANIZATIONS				
- 	RGANIZATIONS ng affiliated organization(s)				
- 	ng affiliated organization(s)	Address			place of Bus
25. Add the followi	ng affiliated organization(s)	Address		(city and s	place of Bus
25. Add the followi	ng affiliated organization(s) ne Address	Address		(city and s	state or cou
25. Add the followi	ng affiliated organization(s) ne Address C/S/Z	Address		(city and s City State	
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25. Add the followi	ng affiliated organization(s) ne Address C/S/Z Address C/S/Z		affiliated with	(city and s City State City State	state or cou
25. Add the following Name 26. Name of each p	Address C/S/Z Address C/S/Z Oreviously reported organization the			(city and s City State City State	state or cou
25. Add the followi	ng affiliated organization(s) ne Address C/S/Z Address C/S/Z		affiliated with	(city and s City State City State	state or cou
25. Add the following Nation 1. Nati	ng affiliated organization(s) ne Address C/S/Z Address C/S/Z previously reported organization that			(city and s City State City State	state or cou
25. Add the following Name of each part of the part of	Address C/S/Z Address C/S/Z Oreviously reported organization the [2] ITIES ing foreign entities	at is no longer	3	(city and s City State City State the registrant of	Country
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26. Name of each p FOREIGN ENT 27. Add the follow Name 28. Name of each pr affiliated organiz	Address C/S/Z Address C/S/Z Address C/S/Z Previously reported organization the 2 ITTES ing foreign entities Street Address City Address Address City State/Province Cou	Principal p (city and s	or controls, or is	City State City State the registrant of for lobbying actions of the control of th	Country Or client
25. Add the following Name 26. Name of each part of each	Address C/S/Z Address C/S/Z Oreviously reported organization that 2 ITIES ing foreign entities Street Address City Address Street Province Cou	Principal p (city and s	olace of business state or country) Country or controls, or is	City State City State the registrant of for lobbying actions of the control of th	Country Or client

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