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LOBBYING REPORT

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

1. Registrant name Arnold & Porter LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 555 Twelfth Street, NW Washington DC 20004 USA			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Mr. Robert Jones	b. Telephone number 202-942-5964	c. E-mail Robert.Jones@aporter.com	5. Senate ID # 4301-238
7. Client Name <input type="checkbox"/> Self Altria Corporate Services, Inc.			6. House ID # 31381008

TYPE OF REPORT 8. Year 2005 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 Activity

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>100,000</u></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"/> ⇒ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Senate Password

Signature Sonia P Foiss
Digitally signed by Sonia P Foiss
DN: CN = Sonia P Foiss, C = US, O = DST ACEIS Business Representative,
OU = ACEIS TrustID Business Certificate
Date: 2006.04.11 14:25:04Z

Date 4/11/2006

Printed Name and Title Sonia Foiss - Partner

0000143082



Registrant Name Arnold & Porter LLP

Client Name Altria Corporate Services, Inc.

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

H.R. 3199, Patriot and Terrorism Prevention Reauthorization Act of 2005, provisions pertaining to trafficking in cigarette contraband.
Implementation of FETRA.

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

[Empty box for listing House(s) of Congress and Federal agencies contacted]

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

Name	Covered Official Position (if applicable)
Robert J. Jones	

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

Signature _____ Date 4/11/2006

Printed Name and Title Sonia Fois - Partner

1000143083

Registrant Name Arnold & Porter LLP

Client Name Altria Corporate Services, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Sonia

Fois

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature



Date

4/11/2006

Printed Name and Title

Sonia Fois - Partner

0000143084

