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

RECEIVED.
SECRETARY OF THE SENA
06 JAN 20 PM 3:24

LOBBYING REPORT

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

1. Registrant Name KESSLER + ASSOCIATES Business Services

2. Address ☐ Check if different than previously reported

3. Principal Place of Business (if different from line 2)

City: State/Zip (or Country)

4. Contact Name SHANE YOUNG Telephone 202.547.6808 E-mail (optional)

5. Senate ID # 21506

6. House ID #

7. Client Name ☐ Self ALTRIA

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) ☑ **OR** Year End (July 1-Decem

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 A

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☑ ⇨ $ 120,000
Income (nearest $20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this repor period were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $_____
Expenses (nearest $20,000

14. REPORTING METHOD. Check box to indicate e accounting method. See instructions for description of o

☑ **Method A.** Reporting amounts using LDA definitio

☐ **Method B.** Reporting amounts under section 6033(Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e Internal Revenue Code

Signature_____

00002354

Printed Name and Title_____

LD-2 (REV. 6/98)

PA

Kessler + Assoc Bus. Services

Registrant Name [illegible] Client Name ALTRIA

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

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

16. Specific lobbying issues

FDA BIM
FREE TRADE ISSUES
TAXATION ISSUES

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

HOUSE OF REPRESENTATIVES
U.S SENATE

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

Name	Covered Official Position (if applicable)
Hon. BILLY LEE EVANS	
RICHARD KESSLER	
SCOTT SPEAR	

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

Signature [illegible] Date 1/19/2006

Printed Name and Title [illegible] — [illegible]

10000235555

Registrant Name_____ Client Name_____

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

20. Client new address

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

City State/Zip (or Country)

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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Busin (city and state or coun

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	O p cl

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

Signature_____ Date_____

10002355 6

Printed Name and Title_____