

Staff of the House of Representatives  
Legislative Resource Center  
3-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE  
**LOBBYING REPO**  
DATED FEB 26 PM 1:47

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

<b>1. Registrant Name</b> <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Individual							
BINGHAM MCCUTCHEN LLP							
<b>2. Address</b> <input type="checkbox"/> Check if different than previously reported							
Address1	2020 K STREET, NW	Address2					
City	WASHINGTON	State	DC	Zip Code	20006	Count	
<b>3. Principal place of business (if different than line 2)</b>							
City		State		Zip Code		Count	
<b>4a. Contact Name</b>		<b>b. Telephone Number</b>		<b>c. E-mail</b>		<b>5. Senat</b>	
Mr. GARY D. SLAIMAN		(202) 373-6000		amanda.dupree@bingham.com		51560	
<input type="checkbox"/> International Number							
<b>7. Client Name</b> <input type="checkbox"/> Self						<b>6. Hous</b>	
ALTRIA GROUP, INC.						34910	

**TYPE OF REPORT** 8. Year 2006 Midyear (January 1-June 30)  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**

<b>12. Lobbying</b> <b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> \$ <u>120,000.00</u> 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).	<b>13. Organizations</b> <b>EXPENSE</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ <b>14. REPORTING</b> Check box to indicate accounting method. See instructions for descriptor: <input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Revenue Code
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Signature \_\_\_\_\_ Date \_\_\_\_\_

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**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant 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   (one per page)

16. Specific lobbying issues

Monitor the status of issues pertaining to foods, including S. 908, the Commonsense Consumption Act of 2005.

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

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Gary	Slaiman		

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

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**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant 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
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Tobacco
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 (one per page)

16. Specific lobbying issues

Monitor the status of issues pertaining to tobacco products.

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

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

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Gary	Slaiman		

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

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*[Handwritten signature]* 1/22

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Printed Name and Title Gary D. Slatman, Partner

*[Handwritten Signature]* 1/27

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