

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



LOBBYING REPORT

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

| Date USA |
|----------------------------------------------------------------------------------------------------------------|
| pptional) 5. Senate ID # 24420-137 6. House ID # 31972015 nuary 1-June 30) ☑ OR Year End (July 1-D) eport □ |
| 24420-137 6. House ID # 31972015 nuary 1-June 30) ☑ OR Year End (July 1-Deport □ |
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| nuary 1-June 30) 🗷 OR Year End (July 1-Deeport 🗆 |
| nuary 1-June 30) ☑ OR Year End (July 1-De |
| eport [|
| ine 12 OR Line 13 13. Organizations |
| EXPENSES relating to lobbying activities for this reportion were: |
| Less than \$10,000 □ |
| Expenses (nearest \$2 |
| 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of |
| ☐ Method A. Reporting amounts using LDA defini |
| Method B. Reporting amounts under section 603 the Internal Revenue Code |
| Method C. Reporting amounts under section 162 Internal Revenue Code |
| |

| Client Name: | Philip Morris Management Corp. | |
|---------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| engaged in lobb | | y to reflect the general issue areas in which the registrar ng period. Using a separate page for each code, provi l. |
| 15. General is | sue area code TOB (one per page) | |
| | obbying issues affecting tobacco lation of tobacco | |
| | | |
| | f Congress and Federal agencies contacted Representatives | ☐ Check if None |
| | | |
| | | |
| | | |
| | | |
| I8 Name of e | ach individual who acted as a lobbyist in this i | issue area |
| 8 Name of e | ach individual who acted as a lobbyist in this i | issue area |
| 8. Name of earth Name | ach individual who acted as a lobbyist in this i | issue area Covered Official Position (if applicable) |
| | | |
| Name | | |
| Name McGlotter | | |
| Name | | |
| Name McGlotter | | Covered Official Position (if applicable) |
| Name McGlotter | ı, Robert | Covered Official Position (if applicable) |
| Name McGlotter | ı, Robert | Covered Official Position (if applicable) |
| Name McGlotter 9. Interest of | ı, Robert | Covered Official Position (if applicable) on line 16 above Check if None |

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