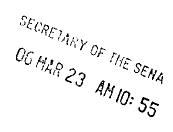
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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



## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration			1. Effective Date of Registration 03/08/20			
2. House I	dentification Number		Senate Identification Number			
REGIST						
3. Registra	int name John	Wyma & Associates	S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address	123 N. Wacker Drive			Suite 1800	***************************************	
City	Chicago	State II	L	Zip 60606	L	
4. Principa	al place of business (if different					
City		State		Zip		
5. Telepho	ne number and contact name					
	312-474-7943 Ce	ontact Mr. John F	R. Wyma	E-mail jwyma@wymastrate	egies.com	
	description of registrant's b Affairs and Government Rela					
	A Lobbying firm is required to file a labeled "Self" and proceed to line l ame Philip Morris USA By	0.			s should check th	
Address	3 Lakes Drive					
City	Northfield	State I	IL	Zip 60093	l	
8. Principa	al place of business (if differ	ent than line 7)				
City		State		Zip		
9. General Tobacc	description of client's busin	ess or activities			,	
section	STS  If each individual who has acted has served as a "covered execuist for the client, state the execuing Name	tive branch official" or	"covered legi position(s) in	slative branch official" within	two years of	
John	Wyma					
Tammy	Kwiatkoski					

Registrant Name John Wyma & Asso	ociates	Client Name Philip M	Client Name Philip Morris USA By its service compar Services, Inc		
LOBBYING ISSUES  1. General lobbying issue areas. S	elect all applicable codes	listed in instructions and on	the reverse side of Form LD-1.		
CSP EDU TA					
12. Specific lobbying issues (currer lssues related to tobacco.	nt and anticipated)				
AFFILIATED ORGANI  13. Is there an entity other than the a semiannual period and in wh	client that contributes m				
No   Go to line 14.	Yes⊏	Yes⇔ Complete the rest of this section for each en criteria above, then proceed to line 14.			
Name	,	Address	Principal place of Busin (city and state or cour		
b) directly or indirectly the client or any org c) is an affiliate of the lobbying activity?	quitable ownership in the	ne 13; <b>Or</b> a identified on line 13 and ha	s, directs, finances or subsidizes as a direct interest in the outcome		
No ⇔ Sign and date the r	egistration.		he rest of this section for each en he criteria above, then sign and d		
Name	Address	Principal place of business (city and state or coun	Amount of contribution for lobbying activities		
Signature  Printed Name and Title John	D. Wy R. Wyma President	Date	3/6/06		

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