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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name <u>PHILLIP L. FRAAS</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>3050 K ST., NW, SUITE 400, WASHINGTON, DC, 20007-51</u>			
3. Principal Place of Business (if different from line 2) City: <u>N/A</u> State/Zip (or Country): _____			
4. Contact Name <u>PHILLIP L. FRAAS</u>	Telephone <u>202-342-8864</u>	E-mail (optional) <u>PHILFRAAS@AOL.COM</u>	5. Senate ID # <u>70277-</u>
7. Client Name <input type="checkbox"/> Self <u>ALTRIA CORPORATE SERVICES, INC.</u> <u>(FORMERLY PHILIP MORRIS MANAGEMENT CORP.)</u>			6. House ID # <u>35846</u>

TYPE OF REPORT 8. Year 2002 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 Activities **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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(e) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

PA

ALTRIA CORPORATE SERVICES
Registrant Name PHILLIP L. FRAAS Client Name (FORMERLY PHILIP MORRIS MAI

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 AGR (one per page)

16. Specific lobbying issues

THE USDA TOBACCO PRICE SUPPORT PROGRAM, AND TOBACCO QUOTA BUY-OUT AND FDA REGULATION OF TOBACCO LEGISLATION

17. House(s) of Congress and Federal agencies contacted

Check if None

HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)
<u>PHILLIP L. FRAAS</u>	
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.....	
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.....	
.....	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title

ALTRIA CORPORATE SERVICE

Registrant Name PHILLIP L. FRAAS Client Name (FORMERLY PHILIP MORRIS MANAGER)

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, provide information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

THE USDA TOBACCO PRICE SUPPORT PROGRAM, AND TOBACCO QUOTA BUY-OUT AND FDA REGULATION OF TOBACCO LEGISLATION.

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

HOUSE OF REPRESENTATIVES

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

Name	Covered Official Position (if applicable)
<u>PHILLIP L. FRAAS</u>	

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

Signature _____ Date _____

Printed Name and Title _____

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Page __

ALTRIA CORPORATE SERVIC

Registrant Name PHILLIP L. FRAAS Client Name (FORMERLY PHILIP MORRIS MANAGEM

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

20. Client new address **NAME AND ADDRESS** ALTRIA CORPORATE SERVICES, INC.
101 CONSTITUTION AVE., NW, SUITE 400
WASHINGTON, DC 20001
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 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	Other

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

Signature Phillip Fraas Date 2-14-03

Printed Name and Title PHILIP L. FRAAS, PRINCIPAL

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