

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name Altria Client Services and its Affiliates (b) Daytime Phone Number (202) 354-1500
(c) Permanent Address 101 Constitution Avenue N.W., Suite 400W Washington, DC 20001
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address eric.barker@altria.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name Eric Barker (b) Name Frank Boston III
Address 101 Constitution Avenue N.W., Suite 400W Address 2002 Clipper Park Road
(Street Address) (Street Address)
Washington, D.C. 20001 Baltimore, MD 21211
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number (202)354-1500 Daytime Phone Number (410) 769-8080
 If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name Altria Client Services Inc. and its Affiliates (b) Daytime Phone Number (202) 354-1500
(c) Address 101 Constitution Avenue N.W., Suite 400W Washington, D.C. 20001
(Street Address) (City, State, Zip Code)
(d) Nature of Business Service company and its affiliates -- Philip Morris USA Inc., John Middleton Co. and U.S. Smokeless Tobacco Co. -- involved in the manufacture and sale of tobacco products

4. Terms of Compensation: (a) n/a (b) Full year
(Salary) (Duration of Employment)
 If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

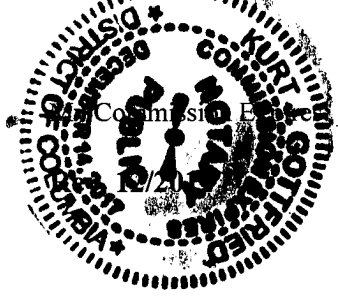
Matters related to tobacco products

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

[Signature]
Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 9th day of January, 2013.



[Signature]
Notary Public

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
2000 14TH STREET, N.W., SUITE 420
WASHINGTON, D.C. 20009

OCF ID# LOB0000091349

THIS FORM SHOULD BE USED TO SUPPLEMENT SPACE FOR ADDITIONAL INFORMATION WHEN REQUIRED TO COMPLETE RESPONSES TO QUESTIONS APPEARING ON ALL OFFICE OF CAMPAIGN FINANCE (OCF) FORMS. PLEASE IDENTIFY THE OCF FORM YOU ARE SUPPLEMENTING AND THE SPECIFIC QUESTION(S) TO WHICH YOU ARE RESPONDING. USE A SEPARATE SUPPLEMENTAL SHEET FOR EACH FORM SUPPLEMENTED.

Supplement to Form# BEGA FORM 25

Title of Form Lobbyist Registration Form

Response(s) to Question(s) # 2

Mary Eva Candon
2122 California Street, N.W. # 562
Washington, D.C. 20008
(202) 246-5155

DATE

SIGNATURE

Effective 6/98

OCF Form 22