

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Altria Group Inc. Political Action Committee

ADDRESS (Home or street)

120 Park Avenue

(Check if address is changed)

New York

NY

10017

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Brandie.Ratcliffe@Altria.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028541535

2. DATE M M / D D / Y Y Y Y
02 / 03 / 2005

3. FEC IDENTIFICATION NUMBER C C00089136

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer A. Shuanise Washington

Signature of Treasurer Electronically Filed by A. Shuanise Washington Date M M / D D / Y Y Y Y
02 / 03 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Altria Group Inc. _____

Mailing Address _____ 120 Park Ave _____

_____ New York _____ NY _____ 10017 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Altria Group Inc. Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Brandie Ratcliffe**

Mailing Address **101 Constitution Avenue NW**
Suite 400W
Washington DC 20001

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records Telephone number 202 - 354 - 1500

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **A. Shuanise Washington**

Mailing Address **101 Constitution Avenue NW**
Suite 400W
Washington DC 20001

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer Telephone number 202 - 354 - 1500

Full Name of Designated Agent **Brandie Ratcliffe**

Mailing Address **101 Constitution Avenue NW**
Suite 400W
Washington DC 20001

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer Telephone number 202 - 354 - 1500

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

PO Box 85024

Richmond

VA

23285 -

CITY Δ

STATE Δ

ZIP CODE Δ

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Kraft Foods Global Inc. Political Action Committee

Mailing Address

Three Lakes Drive _____

Northfield _____ **IL** _____ **60093** _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
