

**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

Lisa.Priest@Altria.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 / 30 / 2003

3. FEC IDENTIFICATION NUMBER C00089136

4. IS THIS STATEMENT NEW (N) OR 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 Theodore A. Lattanzio

Signature of Treasurer Electronically Filed by Theodore A. Lattanzio Date 01 / 30 / 2003

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

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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (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 **Lisa A. Priest**

Mailing Address **120 Park Avenue**

 New York **NY** **10017 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Custodian of Records Telephone number **917** - **663** - **2059**

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 **Theodore A. Lattanzio**

Mailing Address **120 Park Avenue**

 New York **NY** **10017 -**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

 Treasurer Telephone number **917** - **663** - **3851**

Full Name of Designated Agent **Michele L. Raines**

Mailing Address **101 Constitution Avenue, NW**

 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 North America 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 _____ - _____ - _____