

# 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) (Check if address is changed)

120 Park Avenue

New York NY 10017

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Mel.Raines@Altria.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028541535

2. DATE 06 / 24 / 2004

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 06 / 24 / 2004

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 Only				
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For 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 Michele Raines

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 Michele Raines

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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_