Image# 12970790564 PAGE 1/5

FEC FORM 1			ATEN RGAN						Office L	Jse Only			
NAME OF COMMITTEE (ir	n full)		Check if name changed)		xample:If typer the lines		12F	E4M5					
Altria Grou	ıp, Inc.	Politi	cal Ac	tion C	ommit	ttee (A	ItriaP	PAC)					
	1 1 1 1	1 1 1 1			1 1 1 1		1 1 1	1 1 1	1 1	1 1		1 1	1
1000000		101 Cons	titution Ave, I	VW .									
ADDRESS (number a	nd street)	Suite 400	W										
(Check if a is changed)		\\\\ - = \ \\ \\ \\							20001				_
is changed,)	Washing	ton				DC		20001		-		
				CITY			STATE			ZIP C	ODE		
COMMITTEE'S E-MA	AII ADDRES	S (Please r	orovide only (one e-mail :	address)								
001111111111111111111111111111111111111	7.001.20		:-FEC@altria		dadiooo,		1 1 1		1 1		1 1		
(Check if is change													_
.5 5.1a.1.g5	,												_
COMMITTEE'S WEB	PAGE ADD	RESS (UR	L)										
_		1		1 1 1	1 1 1 1	1 1 1 1	1 1 1	1 1 1	1 1	1 1	1 1 1		١
(Check if is change													_
													_
2. DATE 03	M / D I) / Y	2012										
3. FEC IDENTIFIC	CATION NU	MBER	C	C00089	136								
4. IS THIS STATE	MENT	NEW ((N) O	R	× AME	ENDED (A)							
I certify that I have of	examined this	s Statemer	nt and to the	best of m	y knowledge	e and belief	it is true,	correct	and con	nplete.			
Type or Print Name	of Treasurer	Gayle Dr	isco										
Signature of Treasure	Gayle Di	risco			[Electron	ically Filed]	Date	03	/ D	22	Y	2012	Υ
NOTE: Submission of	false, erroned	ous, or inco	mplete inform	ation may s	ubject the pe	erson signing	this State	ement to t	the pena	alties of	2 U.S.	C. §437	g.
			GE IN INFOR	•					-				-
Office		Т			For furthe	r information	contact:		EE	C EC) D N //	1	_

Office			For further information contact:	FEC FORM 1
Use			Federal Election Commission	
Only			Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE Candidate Committee:	_
	Page 2
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	ale e e e e e e e e e e
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate	
Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	ocratic, blican, etc.) Party.
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r	more political
committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	more political
committees/organizations, at least one of which is an authorized committee of a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate.	more political
committees/organizations, at least one of which is an authorized committee of a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or necessary.	more political
committees/organizations, at least one of which is an authorized committee of a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	more political
committees/organizations, at least one of which is an authorized committee of a federal candidate. (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number	more political

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nar	me	
Altria Group, Ir	nc. Political Action Committee (AltriaPAC)	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Altria Group Inc.		
Mailing Address	6601 West Broad Street	
Walling Address	HQ Building	
	Richmond VA 23230	
	CITY STATE	ZIP CODE
Relationship: X Connect	ted Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person in po	ossession of committee
Richard	McDonnell	
Full Name	101 Constitution August NW	
Mailing Address	101 Constitution Avenue, NW	
	Ste. 400W	
	Washington DC 20001	
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		354 - 1500
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the n., assistant treasurer).	ame and address of
Full Name Gayle Dr	risco	
Mailing Address	101 Constitution Avenue, NW	
	Ste. 400W	
	Washington DC 20001	
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 202	354 - 1500

1 LO 1 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Richard McDonnell	
Mailing Address	101 Constitution Avenue, NW	
	Ste. 400W	
	Washington DC 20001	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	Surer Telephone number 202 -	354 - 1500
Davids an Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	s accounts, rents
safety deposit be	poxes or maintains funds.	
safety deposit be Name of Bank,	oxes or maintains funds.	
safety deposit be	Depository, etc.	
safety deposit be	oxes or maintains funds.	
safety deposit be	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc. SunTrust Bank PO Box 85024	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc. SunTrust Bank PO Box 85024	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY STATE Depository, etc. SunTrust Bank PO Box 85024	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Ste. Michelle Wine Estates Ltd. Political Action Committee 101 Constitution Ave NW Mailing Address Suite 400W DC 20001-2155 Washington **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number