| FEC FORM 1 | | STATEMEI ORGANIZ | | Office Use Only |
|--|---------------|------------------------------|--|---|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 |
| Altria Grou | p, Inc. | Political Action | n Committee (Alt | triaPAC) |
| ADDRESS (number and | d street) | 101 Constitution Ave NW | | |
| (Check if add is changed) | dress | Washington | | |
| | | | CITY | STATE ZIP CODE |
| X (Check if a is changed | address)) | S (Please provide only one e | -mail address) | |
| COMMITTEE'S WEB (Check if a is changed | ddress | | | |
| 2. DATE 11 | | 2011 | | |
| 3. FEC IDENTIFIC | ation Nui | MBER C C | 00089136 | |
| 4. IS THIS STATEM | ENT | NEW (N) OR | × AMENDED (A) | |
| I certify that I have ex | | Statement and to the best | t of my knowledge and belief it | is true, correct and complete. |
| Signature of Treasurer | . Gayle Dr | isco | [Electronically Filed] | Date 11 / D D / Y Y Y Y Y 22 2011 |
| NOTE: Submission of fa | | | may subject the person signing the North Should be Reported With the Reported With the Reported With the Report of | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | |

11/22/2011 13 : 42

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| F | FEC Fo | 7m 1 (Revised 02/2009) | Page 2 |
|--------------|------------------------|--|---------------------------------------|
| TYPE | E OF C | OMMITTEE | |
| Can | didate | Committee: | |
| (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. (Complein information below.) | ete the candidate |
| Name Cand | e of lidate | | |
| | lidate / Affiliatio | on Office Sought: House Senate President | State |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Parl | ty Con | nmittee: | |
| (d) | | | emocratic, epublican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | X | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | cted organization is a: |
| | | Corporation Corporation w/o Capital Stock | _abor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segr committee. (i.e., nonconnected committee) | egated 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.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Altria Group, Inc. Political Action Committee (AltriaPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Altria Group Inc. | | |
|---------------------------|---|---------------------------------------|
| | | |
| Mailing Address | 6601 West Broad Street | |
| | HQ Building | |
| | Richmond | VA 23230 |
| | CITY | STATE ZIP CODE |
| Relationship: X Connected | Organization Affiliated Committee Joint Fundraising | Representative Leadership PAC Sponsor |

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

| Richard M | cDonnell |
|----------------------|-------------------------------------|
| Full Name | |
| Mailing Address | 101 Constitution Avenue, NW |
| | Ste. 400W |
| | Washington DC 20001 |
| Title or Position | CITY STATE ZIP CODE |
| Custodian of Records | 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 | Gayle Drisco | | |
|--------------------------------|--|-----------------------------------|---|
| Mailing Address | 101 Constitution Avenue, NW | | |
| | Ste. 400W | | |
| | Washington DC 20001 – / <th <="" th=""> <th <="" th=""> <</th></th> | <th <="" th=""> <</th> | < |
| | CITY STATE ZIP CODE | | |
| Title or Position Treasurer | Image: Telephone number 202 354 1500 | | |

| 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 | urer 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.

| Chain | Bridge Bank | |
|---------------------------|---|--|
| Mailing Address | 1445-A Laughlin Avenue | |
| | | |
| | Mclean VA 22101 | |
| | CITY STATE ZIP CODE | |
| Name of Bank, Depository, | ^{etc.} ust Bank | |
| | PO Box 85024 | |
| Mailing Address | | |
| | | |
| | Richmond VA 23285 Image: VA Image: VA Image: VA | |
| | CITY STATE ZIP CODE | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| | d 06/2011) | | Page 5 |
|---|--|--------------------|----------------------------------|
| Banks or Other Depositorie safety deposit boxes or main Name of Bank, Depository, e | tains funds. | | olds accounts, rents |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🗖 | STATE 🗖 | ZIP CODE 🔺 |
| - | rganization, Affiliated Committee, Joint Fundrais States Ltd. Political Action Commit | | ADDITIONAL |
| | 101 Constitution Ave NW | | |
| Mailing Address | | | |
| | | | |
| | Washington | | 0001-2155 |
| | | | |
| ationship. | CITY | STATE 🌢 | ZIP CODE 📥 |
| elationship: Connected Organization | | | ZIP CODE 📥 |
| Connected Organization | | | |
| | X Affiliated Committee Joint Fundrais | | dership PAC Sponsor |
| Connected Organization Designated Agent April Dru | X Affiliated Committee Joint Fundrais | | dership PAC Sponsor |
| Connected Organization Designated Agent April Dru Full Name | Affiliated Committee Joint Fundrais | ing Representative | dership PAC Sponsor |
| Connected Organization Designated Agent April Dru Full Name | Affiliated Committee Joint Fundrais | ing Representative | dership PAC Sponsor |
| Connected Organization Designated Agent April Dru Full Name Mailing Address | Affiliated Committee Dint Fundrais | ing Representative | dership PAC Sponsor [ADDITIONAL] |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| List all banks or other depositories in which the corr | mittee denosits funds h | |
|--|-------------------------|--|
| ns funds. | | olds accounts, rents [ADDITIONAL] |
| | | |
| | | |
| | | |
| | | |
| CITY 🗖 | STATE 🗖 | ZIP CODE 🔺 |
| - | | |
| 101 Constitution Ave NW | | |
| | | |
| | | |
| CITY | STATE 📥 | ZIP CODE 📥 |
| X Affiliated Committee Joint Fundraising R | epresentative Lead | dership PAC Sponsor |
| | | [ADDITIONAL] |
| | | |
| | | |
| CITY 🌢 | STATE | ZIP CODE & |
| Telep | hone number | |
| | | [ADDITIONAL] |
| | EC ID number C | |
| | L | Image: State in the state of the state in the state of the state in the state of the state of the state in the state of the |