EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

313

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 12-6-06

Ren2007
V#11109
$110.00
Wmi

3061489

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME PYLE (Last) NICHOLAS (First) A (MI)

2. BUSINESS PHONE 202-333-8190 (Area Code and Phone Number)

3. FAX NUMBER 202-337-3809

4. BUSINESS ADDRESS 1223 Potomac St. (Street and No.) NW (City) WASH (State) DC (Zip) 20007

MAILING ADDRESS _____ (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER PYLE & ASSOCIATES

6. EMPLOYER'S ADDRESS ABOVE (Street and No.) _____ (City) _____ (State) _____ (Zip)

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name KRAFT FOODS GLOBAL INC by its Service Company ALTRIA CORPORATE SERVICES

Address c/o JACK GILLARD, ALTRIA 1005 CONGRESS AVE SUITE 850, AUSTIN TX 78701

Business or purpose FOOD COMPANY

Does this person pay you? NO

If No, who pays you? WASHINGTON DC OFFICE OF ALTRIA

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

4. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist