

## Lobbyist Activity Report Form

2017-02

Received

SEP 11 2017

WV Ethics Commission

West Virginia Ethics Commission  
 Attn: Lobbyist Registrar  
 210 Brooks St., Ste. 300  
 Charleston, WV 25301  
 304-558-0664 No faxed copies  
 For office use only:  
 Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

## 1. Name and contact information

Name John S. Rainey, Jr.  
 Address 6601 West Broad Street  
 City, State Zip Richmond, VA 23230

Phone 804-484-8606  
 Email john.rainey@altria.com

## 2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date
	2017-1	1/1/17-4/30/17	5/15/17
✓	2017-2	5/1/17-8/31/17	9/15/17
	2017-3	9/1/17-12/31/17	1/19/18

## 3. List all employers/organizations that you represent as a lobbyist

Altria Client Services LLC and its Affiliates-- Philip Morris USA Inc., John Middleton Co., U.S. Smokeless Tobacco Co., and Nu Mark LLC

## 4. Lobbying activity summary - if there was no activity, indicate "none."

Tobacco-Related Issues for Altria Client Services LLC and its Affiliates -- Philip Morris USA Inc., John Middleton Co., U.S. Smokeless Tobacco Co., and Nu Mark LLC

## 5. Expenditures

- A. Did you spend any money on any public official, employee or member of their immediate family? YES \_\_\_ No   
 If YES, complete Schedule A and attach to this report.
- B. Did you sponsor or contribute to any group event or entertainment? YES \_\_\_ NO   
 If YES, complete Schedule B and attach to this report.

## 6. Total of all lobbying expenditures including campaign contributions

If none, mark here 

Report all expenditures made by you and/or your employer on government officials and employees or members of their immediate families in furtherance of your lobbying activities. Do not report your compensation as a lobbyist or expenditures by you and/or your employer on your personal meals, lodging, travel, or office support expenses. For more than one employer, show the appropriate amount of expense for each employer.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Lodging	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C. Advertising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
D. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Gifts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Group Expenditures (S. from Schedule B)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H. Campaign Contributions							\$0.00
I. TOTAL of all expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## 7. Lobbyist certification - Please read and sign below.

To the best of my knowledge, the information contained hereon and on any attached materials is true, correct, and complete. I understand that it is a violation of WV Code §6B-3-9 to willfully and knowingly file a false or incomplete report. I further understand that if convicted of such an act, I