

Lobbyist Registration Form  
*Louisiana Board of Ethics*



**Demographic Information:**

Title: Mr.

Lobbyist ID: LB00000749

First Name: Jack Last Name: Dillard Middle Name: \_\_\_\_\_

Change First Name: \_\_\_\_\_ Change Last Name: \_\_\_\_\_ Change Middle Name: \_\_\_\_\_

Branch: Leg and Exec

**Address Information:**

Street: 1005 Congress Avenue, Suite 850

City: Austin

State: Texas

Zip Code: 78701

Email: jack.dillard@altria.com

Phone: 512-478-3394 Ext: \_\_\_\_\_

Fax: 512-478-0647

**Employer Information:**

Employer Name: Altria Client Services Inc.

**Address Information:**

Street: 1005 Congress Avenue, Suite 850

City: Austin

State: Texas

Zip Code: 78701

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**Information about person, group or organization which you represent:**

Representative Name : Altria Client Services Inc. and its Affiliates

Branch: Leg and Exec

Business Description : Service company and its affiliates--Philip Morris USA Inc., John Middleton Co., and U.S. Smokeless Tobacco Co.--involved in the

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State: Texas

Zip Code: 78701

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1:

Subject Matter 2:

Subject Matter 3:

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**Picture:**

