

May 8, 1998 Minnesota Settlement Agreement**Paragraph IV.(B)****Disclosure Report**

Name: Philip Morris Incorporated
Mailing Address: 120 Park Avenue
New York, New York 10017
Phone Number: (917) 663-3599

REPORTING PERIOD - 12/2/99 through 3/1/00**SUMMARY OF PAYMENTS**

1. Payments to Lobbyists
2. Payments to Principals
3. Payments to third Party Hearing Participants or Attendees
4. Payments to or for the Benefit of State or Local Officials

This Reporting Period	Calendar Year 2000*
\$ 20,043.00	\$ 20,043.00
\$ 6,261.00	\$ 6,261.00
N/A	N/A
N/A	N/A

* 2 December 1999 - 1 December 2000

PAYMENTS TO LOBBYISTS

Number and E-Mail Address	Reporting Period	Fee or Salary	Reporting Period	Reimbursed Expenses
Chuck Brown Consulting Group R. R. Box 11A Appleton, Minnesota 56208 (Chuck Brown) (320) 289-1680		\$ 9,333.00		
Cook Hill Gerard Kelly P.O. Box 2211 Maple Grove, Minnesota 55311 (612) 961-5106		\$ 6,835.00		
Paul Lucas 3939 W. Highland Boulevard Milwaukee, Wisconsin 53201 (414) 931-3129		\$ 3,875.00		
Totals		\$ 20,043.00		\$ 20,043.00
				\$ 487.44
				\$ 487.44

PAYMENTS TO PRINCIPALS

Recipient's Name, Address, Telephone Number and E-Mail Address	Itemized Payments in Reporting Period	Total Payments to Recipient	
		Reporting Period	Y-T-D
Minnesota Licensed Beverage Association, Inc. St. Paul Business Center East 1983 Sloan Place Suite 6 St. Paul, MN 55117 (651) 772-0910	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Covington & Burling 1201 Pennsylvania Ave. NW Washington, D.C. 20044-7566 Attn: James S. Portnoy, Esq. (202) 662-6000	\$ 3,761.00	\$ 3,761.00	\$ 3,761.00
Totals	\$ 6,261.00	\$ 6,261.00	\$ 6,261.00

**PAYMENTS TO THIRD PARTY
HEARING PARTICIPANTS OR ATTENDEES**

Recipient's Name, Address, Telephone Number and E-Mail Address	Itemized Paymets in Reporting Period	Total Payments to Recipient	
		Reporting Period	Y-T-D
NONE			
Totals			

**PAYMENTS TO OR FOR THE BENEFIT OF STATE OR LOCAL
OFFICIALS**

Recipient's Name, Address, Telephone Number and E-Mail Address	Itemized Paymnets in Reporting Period	Total Payments to Recipient	
		Reporting Period	Y-T-D
NONE			
Totals			