

<b>1 FROM (Company)</b> R. J. REYNOLDS Street Address 401 N MAIN ST City WINSTON SALEM State NC ZIP CODE (Required) 27101		Preprint Format No. 4026638	Origin GSO	Airbill Number 5017388460
Sent by (Name/Dept) Judy Albert Phone Number 910/741-1285		<b>4 Method of Payment</b> <input checked="" type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Receiver <input type="checkbox"/> Bill 3rd Party <input type="checkbox"/> Paid in Advance Airborne Customer account no. 392553		<b>5 Service Type</b> One box must be checked with an "X". Assumed Express Service unless otherwise noted. <input checked="" type="checkbox"/> Express (Letter - 150 lbs) <input checked="" type="checkbox"/> Next Afternoon (Letter - 5 lbs) <input checked="" type="checkbox"/> Second Day (Letter - 150 lbs) Next Afternoon Shipments over 5 lbs will be charged at the Express rate. Next Afternoon delivery to Bold Rec destinations only.
<b>2 TO (Company)</b> Fowler White Street Address 101 North Monroe Street, Suite 1090 City Walla Walla State WA ZIP CODE (Required) 99159		Billing Reference will appear on invoice		
Attention: (Name/Dept) Joe Murray Phone Number (Important) 904/681-0411		<b>6 NO. OF PKGS</b> <b>7 WEIGHT (LBS.)</b> <b>8 CHECK IF</b> <input type="checkbox"/> LETTER EXPRESS <input type="checkbox"/> EXPRESS PACK		
Description printed material		<b>Special Instructions</b> <input type="checkbox"/> Saturday (Extra Delivery charge) (not available to all locations) <input type="checkbox"/> Lab Pack <input type="checkbox"/> Hold at Airborne		ASSENT A HIGHER SHIPMENT VALUATION. CARRIER'S LIABILITY IS LIMITED TO \$100 PER PACKAGE OR ACTUAL VALUE, WHICHEVER IS LESS. SPECIAL OR CONSEQUENTIAL DAMAGES ARE NOT RECOVERABLE. SEE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE AIRBILL. SCAC-AIRB FED I.C. NO. 91-0837469
Sender's Signature Judy Albert Airborne Signature Date 4/8/91		Declared Value <input type="checkbox"/> or <input type="checkbox"/> Full Insurance Shipment Valuation \$		
Route No. Date Time		Received At <input type="checkbox"/> Drop Box # <input type="checkbox"/> Airborne Terminal		AIRBORNE EXPRESS® PO BOX 682, SEATTLE, WA 98111-0682
SENDER'S COPY				

51826 9591

**DEFINITIONS.**  
WHEN THE TERMS WE USE ARE USED ON THIS AIRBILL, IT REFERS TO AIRBORNE EXPRESS, ITS EMPLOYEES AND AGENTS. WHEN YOU AND YOUR AGENT USE IT REFERS TO THE SENDER AND TO YOU AND AGENTS.

**TERMS OF AGREEMENT.**  
WHEN YOU GIVE US YOUR SHIPMENT TO DELIVER, YOU AGREE TO ALL THE TERMS IN THIS NON-NEGOTIABLE AIRBILL AND IN OUR CURRENT TARIFFS AND SERVICE GUIDE, WHICH ARE AVAILABLE ON REQUEST. AT THE TIME OF THE SHIPMENT THERE IS A COMPLIANCE CHECK. THE TERMS AND CONDITIONS STATED IN THIS AIRBILL AND OUR CURRENT TARIFFS, THE PROVISIONS OF THE TARIFFS WILL PREVAIL. THE TERMS AND CONDITIONS OF THE TARIFFS ARE MADE A PART OF THIS AGREEMENT AND NO ONE IS AUTHORIZED TO ALTER OR MODIFY THOSE TERMS.

**RESPONSIBILITY FOR PACKAGING AND COMPLETING AIRBILL.**  
YOU ARE RESPONSIBLE FOR ADEQUATELY PACKING THIS SHIPMENT AND FOR ACCURATELY COMPLETING THIS AIRBILL. ANY ERRORS MAY RESULT IN A REBILLING BY US TO YOU.

**LIMIT OF LIABILITY.**  
UNLESS YOU DECLARE A HIGHER SHIPMENT VALUATION AND PAY THE FEE, OUR LIMIT OF LIABILITY IS THE LOWER OF THE FOLLOWING: (A) ACTUAL VALUE, (B) \$100 PER PACKAGE WHEN LOST, DAMAGED, OR OTHERWISE ADVERSELY AFFECTED.

YOU MAY ELECT TO DECLARE A HIGHER SHIPMENT VALUATION THAN \$100 PER PACKAGE BY DESIGNATING ON THIS AIRBILL A DECLARED SHIPMENT VALUATION AND PAYMENT OF THE FEE, SUBJECT TO THE FOLLOWING LIMITS: (A) \$500 ON A LETTER EXPRESS SHIPMENT, (B) \$5,000 ON A SHIPMENT LEFT IN A DEPOSIT STATION (EXCEPT BOND OTHER THAN LETTER EXPRESS), AND (C) \$24,999 ON ANY OTHER SHIPMENT. IF THE VALUE OF YOUR SHIPMENT IS \$25,000 OR MORE, THE TRANSPORTATION IS SUBJECT TO ADVANCE ARRANGEMENTS WITH US AND YOU MUST PURCHASE INSURANCE ON THE ENTIRE VALUE UP TO A MAXIMUM OF \$50,000 AND PAY THE PREMIUM.

WE MAY EVENT WE WILL NOT BE LIABLE FOR YOUR ACTS OR OMISSIONS, INCLUDING BUT NOT LIMITED TO, INADEQUATE PACKAGING, SECURING, MARKING, OR ADDRESSING, OR FOR ACTS OR OMISSIONS OF THE RECEIVER OR ANY OTHER PARTY HAVING AN INTEREST IN THE SHIPMENT. WE WILL NOT BE LIABLE IF YOU OR THE RECEIVER VIOLATE ANY TERMS OF THIS AGREEMENT.

WE ARE NOT LIABLE FOR LOSS, DAMAGE OR DELAY CAUSED BY CIRCUMSTANCES OUTSIDE OF OUR CONTROL, INCLUDING BUT NOT LIMITED TO, ACTS OF GOD, PERILS OF THE AIR, WEATHER CONDITIONS, ACTS OF PUBLIC ENEMIES, WAR, CIVIL COMMOCTIONS, OR ACTS OR OMISSIONS OF PUBLIC AUTHORITIES, SUCH AS CUSTOMS AND QUARANTINE OFFICIALS WHO HAVE ACTUAL OR APPARENT AUTHORITY.

WE ARE NOT LIABLE IN ANY EVENT FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO LOSS OF PROFITS OR LOSS OF INCOME, WHETHER OR NOT WE HAD KNOWLEDGE THAT SUCH DAMAGES MIGHT BE INCURRED.

**INSURANCE.**  
TO EXTEND YOUR PROTECTION BEYOND OUR LIABILITY, YOU MAY ELECT TO PURCHASE INSURANCE BY DESIGNATION ON THIS AIRBILL AND PAY THE PREMIUM. SUCH INSURANCE COVERAGE IS GOVERNED BY THE POLICY IN FORCE.

**FILING A CLAIM.**  
ALL CLAIMS FOR REIMBURSEMENT MUST BE MADE IN WRITING TO US WITHIN SPECIFIC TIME PERIODS AFTER THE DATE ON WHICH WE ACCEPT THE SHIPMENT, AS FOLLOWS: (A) TWO HUNDRED FORTY (240) DAYS IF IT IS A LOSS OR DAMAGE CLAIM, (B) ONE (1) YEAR IF AN OVERCHARGE CLAIM, AND (C) THIRTY (30) DAYS IF A CLAIM FOR DELAY. IF THE RECEIVER HAS SIGNED A DELIVERY RECEIPT WITHOUT NOTATION OF DAMAGE OR LOSS, WE MUST ALSO BE NOTIFIED AT DESTINATION OF THE LOSS OR DAMAGE ORALLY WITHIN FORTY-EIGHT (48) HOURS AFTER DELIVERY IF THE SHIPMENT IS PERSHABLE AND IN WRITING WITHIN 14 DAYS IF NON-PERSHABLE.

IF THE RECEIVER ACCEPTS YOUR SHIPMENT WITHOUT NOTING ANY DAMAGE OR LOSS ON THE DELIVERY RECEIPT, WE WILL ASSUME THAT THE SHIPMENT WAS DELIVERED IN GOOD CONDITION. THE CONTAINER'S, PACKING MATERIAL, AND CONTENTS MUST BE MADE AVAILABLE FOR INSPECTION AT THE RECEIVER'S LOCATION.

## TERMS AND CONDITIONS

WE WILL NOT BE RESPONSIBLE UNTIL THE TRANSPORTATION CHARGES HAVE BEEN PAID. YOU MAY NOT DELIVER TO US ANY SHIPMENT UNLESS YOU HAVE PAID THOSE CHARGES.

YOUR CLAIM MUST BE BROUGHT WITHIN ONE YEAR AFTER THE CLAIM HAS BEEN RECEIVED BY US.

WE RESERVE THE RIGHT TO INSPECT ANY SHIPMENT FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, TO DETERMINE THE CAUSE OF DAMAGE PRIOR TO OR AFTER ACCEPTANCE OF THE SHIPMENT FOR TRANSPORTATION.

**RESPONSIBILITY FOR PAYMENT.**  
EVEN IF DIFFERENT PAYMENT CONDITIONS ARE GIVEN, YOU WILL ALWAYS BE PRIMARILY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS, AS WELL AS CHARGES INCURRED FOR RETURNING OR STORAGE OF YOUR SHIPMENT TO THE POINT OF ORIGIN.

WE RESERVE THE RIGHT TO REJECT YOUR SHIPMENT AFTER ACCEPTANCE AND PRIOR TO PERFORMANCE OF ANY PART OF THE TRANSPORTATION SERVICES, WHEN SUCH SHIPMENT MIGHT CAUSE DAMAGE OR DELAY TO OTHER SHIPMENTS, EQUIPMENT OR PERSONNEL. THIS WILL ALSO APPLY IF THE TRANSPORTATION OF YOUR SHIPMENT IS PROHIBITED BY LAW OR IS IN VIOLATION OF ANY RULES CONTAINED IN THIS AIRBILL OR OUR TARIFFS.

CARGO ITEMS TENDERED FOR AIR TRANSPORTATION ARE SUBJECT TO AVIATION SECURITY CONTROLS BY AIR CARRIERS AND WHEN APPROPRIATE, OTHER GOVERNMENT REGULATIONS. COPIES OF ALL RELEVANT SHIPPING DOCUMENTS SHOWING THE CARGO'S CONSIGNEE, CONSIGNOR, DESCRIPTION, AND OTHER RELEVANT DATA WILL BE RETAINED ON FILE UNTIL THE CARGO COMPLETES ITS AIR TRANSPORTATION.

**WEIGHTS AND CORRECTIONS.**  
TRANSPORTATION CHARGES FOR THIS SHIPMENT ARE BASED ON THE GREATER OF THE ACTUAL OR DIMENSIONAL WEIGHT. WE MAY REWEIGH OR MEASURE ANY SHIPMENT AT ANY TIME AND MAKE APPROPRIATE CORRECTIONS ON SHIPPING AND BILLING DOCUMENTS.

IF YOU FAIL TO RECORD THE WEIGHT OF THE SHIPMENT ON THE AIRBILL AT THE TIME OF TENDER, WE MAY, AT OUR DISCRETION, APPLY EITHER A DEFAULT WEIGHT OR AN ADDITIONAL SERVICE CHARGE.

**UNACCEPTABLE GOODS.**  
WE WILL NOT ACCEPT THE FOLLOWING ARTICLES FOR TRANSPORTATION: (A) COINS OF ANY CURRENCY, POPS IN ANY FORM, BEANS OR STONES (CUT OR UNCUT), INDUSTRIAL DIAMONDS, OR PRECIOUS METALS OF ANY TYPE OR FORM, (B) ARTWORKS, WATCHES AND PARTS THEREOF, OR TIME-SENSITIVE WRITTEN MATERIAL (E.G., BIDS, CONTRACT PROPOSALS) WHEN THE DECLARED VALUE EXCEEDS \$100 PER PACKAGE, (C) BONDS, NEGOTIABLE SECURITIES, AND PROCESSED FILM WHEN THE DECLARED VALUE EXCEEDS \$500, AND (D) ANY OTHER ARTICLE LISTED AS UNACCEPTABLE IN OUR TARIFFS OR SERVICE GUIDE. WE WILL NOT BE RESPONSIBLE FOR ANY LOSS, DAMAGE, DELAY, LIABILITY OR PENALTIES RESULTING FROM TRANSPORTING SUCH ARTICLES, HOWEVER DESCRIBED OR MISDESCRIBED ON THIS AIRBILL. FURTHERMORE, NONE OF OUR EMPLOYEES OR AGENTS HAS ANY AUTHORITY TO ACCEPT SUCH ARTICLES FOR TRANSPORTATION OR TO MODIFY OR WAIVE THE LIMITATIONS APPLICABLE TO THEM.

**SURFACE TRANSPORTATION.**  
THIS SHIPMENT MAY BE TRANSPORTED UNDER THE SURFACE FREIGHT FORWARDING AUTHORITY OF AIRBORNE FREIGHT FORWARDING CORPORATION, A WHOLLY-OWNED SUBSIDIARY OF AIRBORNE FREIGHT CORPORATION.

**INTERNATIONAL SHIPMENTS.**  
THIS AIRBILL IS NOT INTENDED FOR INTERNATIONAL SHIPMENTS. HOWEVER, IF YOU INADVERTENTLY USE THIS AIRBILL FOR SUCH A SHIPMENT, THIS AIRBILL WILL BE CONSIDERED TO BE A SHIPPERS LETTER OF INSTRUCTIONS AND THE SHIPMENT WILL BE SUBJECT TO INTERNATIONAL RULES AND LIABILITY UNDER THE WARREN AND GASTNER AGREEMENT.

WE MAY ACT AS AN AGENT OF THE CARRIER, IN WHICH CASE THE CARRIER'S TARIFFS, RULES AND TRADEMARK OF AIRBORNE FREIGHT CORPORATION.

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001 (1/76) S-03 USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO

<b>1 FROM (Company)</b> <b>R. J. REYNOLDS</b> 51826 9593 Street Address <b>401 N MAIN ST</b> State <b>WINSTON SALEM NC</b> ZIP CODE (Required) <b>27101</b> City Sent by (Name/Dept) <b>Jan Krebs</b> Phone Number <b>910/741-2738</b>		Preprint Format No. <b>4026638</b> Origin <b>GSO</b> Airbill Number <b>5017388666</b> Method of Payment <input checked="" type="checkbox"/> Bill Sender Airborne Customer account No. <b>392553</b> <input type="checkbox"/> Receiver Airborne Customer account No. <input type="checkbox"/> Bill 3rd Party Airborne Customer account No. <input type="checkbox"/> Paid in Advance Amount \$ Billing Reference will appear on invoice	
<b>2 TO (Company)</b> <b>State Ethics Commission</b> Street Address <b>5000 Thurmond Mall, Suite 250</b> City <b>Colymba Pa</b> State <b>SC</b> ZIP CODE (Required) <b>29201</b> Attention: (Name/Dept) <b>Lobbyist's Principal</b> Phone Number (important) <b>803/253-4192</b>		Special Instructions <input type="checkbox"/> Saturday (even Delivery except per master of contract) <input type="checkbox"/> Lab Pack <input type="checkbox"/> Hold at Airborne <input type="checkbox"/> F.I.D. Insurance \$ <input type="checkbox"/> Shipment Valuation <input type="checkbox"/> Airborne Terminal	
<b>3 Sender's Signature</b> <i>[Signature]</i> Date <b>4/9/97</b> Airborne Signature Route No. Date Time		<b>4 No. of Pkgs</b> <b>7</b> Weight (Lbs) <b>3</b> CHECK IF <input type="checkbox"/> LETTER <input type="checkbox"/> EXPRESS <input type="checkbox"/> AIRBORNE	
<b>5 Description</b> <b>Disclosure Statement</b>		<b>6 Service Type</b> <input checked="" type="checkbox"/> Express (Letter - 50 lbs) <input checked="" type="checkbox"/> Next Afternoon (Letter - 5 lbs) <input type="checkbox"/> Second Day (Letter - 150 lbs) Next Airborne Shipments over 5 lbs will be shipped in the Express tank (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs) (Letter - 5 lbs)	

SENDER'S COPY

**AIRBORNE EXPRESS**

PO BOX 662, SEATTLE, WA 98111-0662

## TERMS AND CONDITIONS

DEFINITIONS: WHEN THE TERMS "AIRBELL" AND "AIRBELL IT" ARE USED ON THIS AIRBELL IT REFERS TO AIRBORNE EXPRESS, ITS OFFICES AND AGENTS. WHEN THE TERM "YOU" IS USED, IT REFERS TO THE SERVICE USER, YOU, YOUR COMPANY, AND AGENTS.

AGREEMENT: BY USING AIRBELL IT SERVICES, YOU AGREE TO ALL THE TERMS IN THIS NON-NEGOTIABLE AGREEMENT. THESE TERMS AND CONDITIONS ARE AVAILABLE ON THE AIRBELL IT WEBSITE AT [WWW.AIRBELLIT.COM](http://www.airbellit.com). WHEN YOU PURCHASE AIRBELL IT SERVICES, YOU AGREE TO THESE TERMS AND CONDITIONS. IF YOU PURCHASE AIRBELL IT SERVICES FROM AN AGENT, YOU AGREE TO THESE TERMS AND CONDITIONS. THESE TERMS AND CONDITIONS APPLY TO ALL SERVICES PROVIDED BY AIRBELL IT AND OUR AGENTS AND ARE A PART OF THIS AGREEMENT AND NO ONE IS AUTHORIZED TO ALTER OR MODIFY THESE TERMS AND CONDITIONS.

VALUATION: YOU DECLARE A HIGHER SHIPMENT VALUATION THAN SHOWN ON THE AIRBELL IT LABEL. YOU MAY ELECT TO DECLARE A HIGHER SHIPMENT VALUATION THAN SHOWN ON THE AIRBELL IT LABEL. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

INSURANCE: YOU MAY ELECT TO PURCHASE AIRBELL IT INSURANCE. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

SHIPMENT: YOU MAY ELECT TO SHIP YOUR SHIPMENT BY AIR, SEA, OR GROUND. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

DELIVERY: YOU MAY ELECT TO DELIVER YOUR SHIPMENT TO YOUR HOME OR BUSINESS. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

RECEIPT: YOU MAY ELECT TO RECEIVE A RECEIPT FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

CLAIMS: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

FORCE MAJEURE: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

ASSIGNMENT: YOU MAY ELECT TO ASSIGN YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

ENTIRE AGREEMENT: THIS AGREEMENT IS THE ENTIRE AGREEMENT BETWEEN YOU AND AIRBELL IT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

NOTICE: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

AMENDMENTS: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

TERMINATION: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

SEVERABILITY: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

GOVERNING LAW: YOU MAY ELECT TO FILE A CLAIM FOR YOUR SHIPMENT. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED. THE FEE FOR THIS SERVICE IS \$100 PER PACKAGE WHEN LOST, DAMAGED, OR DESTROYED.

WE WILL NOT PAY ANY CLAIMS UNLESS THE TRANSPORTATION CHARGES HAVE BEEN PAID. YOU MAY NOT

DEDUCT FROM ANY CLAIMS UNLESS YOU HAVE PAID THE TRANSPORTATION CHARGES. THIS CLAIM HAS BEEN

DEBITED IN WHOLE OR IN PART, BY US. 288 507 520

WE MAY, AT OUR OPTION, OPEN AND INSPECT ANY SHIPMENT FOR ANY REASON, INCLUDING BUT NOT

LIMITED TO, TO VERIFY THE CONTENTS OF THE SHIPMENT. YOU WILL ALWAYS BE PRIMARILY RESPONSIBLE

FOR THE SHIPMENT. YOU WILL ALWAYS BE RESPONSIBLE FOR RETURNING OR STORAGE OF

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State of South Carolina  
Lobbyist's Principal Disclosure Statement

State Ethics Commission  
Post Office Box 11926  
Columbia, South Carolina 29211

REPORTING PERIOD:

JAN 1 - MAR 31  
 APR 1 - SEP 30  
 OCT 1 - DEC 31

(Pursuant to S.C. Code Section 2-17-35)

CALENDAR YEAR: 1997

1. Lobbyist's Principal Name: R. J. Reynolds Tobacco Company
2. Business Street Address: 401 N. Main Street, Winston-Salem, NC 27102  
City State Zip
3. Business Mailing Address: P. O. Box 2959, Winston-Salem, NC 27102  
City State Zip
4. Business Phone: (910) 741-2738  
City State Zip
5. Name of Lobbyist(s) Employed by Lobbyist's Principal: Fred E. Allen  
Legislative or regulatory actions related to taxing or regulation of tobacco and tobacco-related products.
6. Name, Number or Description of Legislation, Agency Action or Gubernatorial Action for Which Lobbyist Engaged in Lobbying During This Reporting Period:
7. Office(s) or Public Body(s) for which you have authorized the lobbyist(s) named above to lobby:

SUMMARY OF LOBBYING EXPENDITURES

I. TOTAL PAID TO LOBBYISTS (from Schedule A):	\$ <u>8,250.00</u>
II. EXPENDITURES (from Schedules B-G):	
A. Supplies (from Schedule B):	\$ <u>0</u>
B. Rent (from Schedule B):	\$ <u>0</u>
C. Utilities (from Schedule B):	\$ <u>0</u>
D. Compensation of Support Personnel (from Schedule B):	\$ <u>0</u>
E. Other Expenditures (from Schedule B):	\$ <u>0</u>
F. Expenditures Made on Behalf of Public Official (from Schedule C):	\$ <u>0</u>
G. Expenditures Made on Behalf of Judiciary (from Schedule D):	\$ <u>0</u>
H. Speaking Engagements (from Schedule E):	\$ <u>0</u>
I. Contributions (from Schedule F):	\$ <u>3,250.00</u>
TOTAL OTHER EXPENDITURES: (II)	\$ <u>3,250.00</u>
III. TOTAL: (I+II)	\$ <u>11,500.00</u>

CERTIFICATION: I CERTIFY THAT THE CONTENTS OF THIS STATEMENT ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Sworn to be a true statement before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signature of Lobbyist Principal

Joseph S. Murray, III

Printed Name

Date

Notary Public for the State of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

FOR OFFICE USE ONLY:  COMPLETE  INCOMPLETE  ENTERED  SCANNED

SEC L5A.2(7-95)

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**SCHEDULE D - EXPENDITURES MADE ON BEHALF OF MEMBER OF JUDICIARY:**

DATE	FULL NAME OF RECIPIENT	EVENT	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL AMOUNT			<u>0</u>

**SCHEDULE E - SPEAKING ENGAGEMENTS:**

DATE	FULL NAME OF RECIPIENT	ADDRESS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL AMOUNT			<u>0</u>

**SCHEDULE F - CONTRIBUTIONS**

DATE	NAME OF PUBLIC OFFICIAL/CANDIDATE	ADDRESS	AMOUNT
_____	See attached list.	_____	_____
_____	_____	_____	_____
TOTAL AMOUNT			<u>\$3,250.00</u>

**SCHEDULE G - VOLUNTARY MEMBERSHIP ORGANIZATION:**

DATE	NAME OF MEMBER	ADDRESS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

N/A

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**SCHEDULE H - DIRECT BUSINESS RELATIONSHIP**

NAME OF PUBLIC OFFICIAL	TYPE OF BUSINESS ASSOCIATION
_____	_____
_____	_____

N/A

Dates : 01/01/97 - 03/31/97

RJRT STATE GOVERNMENT RELATIONS  
STATE POLITICAL CONTRIBUTIONS  
April 3, 1997

Page : 1

SOUTH CAROLINA ( State Limit by Year )

ANTHONY HARRIS (D) 03/17/97 House Cand.	1996 Spec Pri	250.00 \$250.00
SOUTH CAROLINA GENERAL ASSEMBLY WOMEN'S CAUCUS (B) 03/27/97	1998 Primary	500.00 \$500.00
SOUTH CAROLINA HOUSE DEMOCRATIC CAUCUS (D) 02/20/97	1998 Primary	1,500.00 \$1,500.00
SOUTH CAROLINA REPUBLICAN PARTY (R) 02/10/97	1998 Primary	1,000.00 \$1,000.00

SOUTH CAROLINA TOTAL	\$3,250.00
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