

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: 1995

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: 401 N. Main Street, Winston-Salem, NC 27102
City State Zip
4. Business Phone: (910) 741-2738
5. Name of Lobbyist(s) Employed by Lobbyist's Principal: Fred E. Allen
6. Name, Number or Description of Legislation, Agency Action or Governorial Action for Which Lobbyist Engaged in Lobbying During This Reporting Period:
Legislative or regulatory actions related to taxing or regulation of tobacco and tobacco-related products.
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>11,071.04</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>5,000.00</u>	
TOTAL OTHER EXPENDITURES: (II)	\$ <u>5,000.00</u>	
III. TOTAL: (I+II)		\$ <u>16,071.04</u>

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


Signature of Lobbyist Principal

Joseph S. Murray III
Printed Name

Printed Name

Date

Sworn to be a true statement before me this 2nd day of Jan, 1996

Margaret B. Verbeek
Notary Public for the State of: North Carolina

Notary Public for the State of: North Carolina

My Commission expires: March 27, 1999

FOR OFFICE USE ONLY: COMPLETE INCOMPLETE ENTERED SCANNED

SEC 15A.2(7-95)

51826 9445

SCHEDULE A - TOTAL PAID TO LOBBYISTS

DATE	PROFESSIONAL FEES & REIMBURSEMENTS PAID OR PROMISED TO LOBBYISTS	AMOUNT PAID	AMOUNT PROMISED
10/15/95	Fred E. Allen (Fees)	10,000.00	
10/06/95	Fred E. Allen (Expenses)	1,071.04	
	TOTAL PAID OR PROMISED TO LOBBYISTS	<u>11,071.04</u>	

SCHEDULE B - ITEMIZED EXPENDITURES

DATE	FULL NAME AND ADDRESS OF PAYEE OR BUSINESS	PURPOSE OF EXPENDITURE	AMOUNT
		TOTAL AMOUNT	<u>0</u>

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SCHEDULE C - EXPENDITURES MADE ON BEHALF OF PUBLIC OFFICIAL

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

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 attachment.	_____	_____
_____	_____	_____	_____
TOTAL AMOUNT			<u>5,000.00</u>

SCHEDULE G - VOLUNTARY MEMBERSHIP ORGANIZATION: N/A

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

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SCHEDULE H - DIRECT BUSINESS RELATIONSHIP

N/A

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

Schedule F - Contributions

<u>Date</u>	<u>Name/Address of Public Official/Candidate</u>	<u>Amount</u>
11/08/95	Committee to Elect J. Yancey McGill P. O. Box 759 Kingstree, SC 29559	\$ 500.00
12/01/95	South Carolina Republican Party P. O. Box 12373 Columbia, SC 29211-2373	\$1,000.00
12/27/95	South Carolina House Democratic Caucus P. O. Box 12049 Columbia, SC 29211	\$3,500.00
	TOTAL	\$5,000.00

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<p>SENDER</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece to request a return receipt number. • The Return Receipt Fee will provide you the signature of the addressee delivered to and the date of delivery. 	<p>also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fees.</p>
<p>3. Article Addressee's Name</p> <p>State Ethics Commission Columbia, SC 29211</p>	<p>4. Article No.</p> <p>5. Article Title</p> <p>6. Article Description</p> <p>7. Article Weight</p> <p>8. Article Dimensions</p> <p>9. Article Value</p> <p>10. Article Insurance</p> <p>11. Article Fragile</p> <p>12. Article Restricted</p> <p>13. Article Registered</p> <p>14. Article Certified</p> <p>15. Article Insured</p> <p>16. Article Registered Mail</p> <p>17. Article Registered Mail Restricted</p> <p>18. Article Registered Mail Restricted Restricted</p> <p>19. Article Registered Mail Restricted Restricted Restricted</p> <p>20. Article Registered Mail Restricted Restricted Restricted Restricted</p> <p>21. Article Registered Mail Restricted Restricted Restricted Restricted Restricted</p> <p>22. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>23. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>24. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>25. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>26. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>27. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>28. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>29. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>30. Article Registered Mail Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p>
<p>5. Signature (Addressee)</p> <p>6. Signature (Agent)</p> <p><i>Gary R. Baker</i></p>	<p>7. Date of Delivery</p> <p>8. Postmark</p> <p>9. Postage</p> <p>10. Postage Paid</p> <p>11. Postage Due</p> <p>12. Postage Refund</p> <p>13. Postage Refund Requested</p> <p>14. Postage Refund Requested Restricted</p> <p>15. Postage Refund Requested Restricted Restricted</p> <p>16. Postage Refund Requested Restricted Restricted Restricted</p> <p>17. Postage Refund Requested Restricted Restricted Restricted Restricted</p> <p>18. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted</p> <p>19. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>20. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>21. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>22. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>23. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>24. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>25. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>26. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>27. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>28. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>29. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>30. Postage Refund Requested Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted Restricted</p> <p>51826 9449</p>
<p>PS FORM 3811, October 1997</p>	<p>DOMESTIC RETURN RECEIPT</p>

United States Postal Service

Official Business



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Jan Krebs 1/10/02

R J Reynolds Tobacco Co
P O Box 2959
Winston-Salem NC 27102-2959

51826 9450