

State of South Carolina
Lobbyist's Principal Registration

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

For Calendar Year: 1997

1. Name of Entity Employing Lobbyist: R. J. Reynolds Tobacco Company
2. Business Street Address: 401 North Main Street Winston-Salem NC 27102
City State Zip
3. Business Mailing Address: P.O. Box 2959 Winston-Salem NC 27102-2959
City State Zip
4. Business Phone: (910) 741-2738
5. Entity Contact to whom lobbyist reports: Joseph S. Murray III
Name

6. Names of all persons engaged to lobby:

<u>Fred E. Allen</u>	<u>1200 Main Street, Suite M-4, Columbia, SC</u>	<u>29201</u>		
Name	Street	City	State	Zip
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street	City	State	Zip
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Name	Street	City	State	Zip

7. Legislation, Agency Action, or Gubernatorial Action to which employment relates: _____

Legislation and regulations affecting tobacco industry.

8. Office(s) or Public Body(s) for which you have authorized the lobbyists named above to lobby: _____

As required by Section 2-17-20 (A), this signature reflects the authority of the registrant(s) to represent the above-named entity as lobbyist during the calendar year.

This registration must be accompanied by a check for \$50.00 payable to the State Ethics Commission prior to the lobbyist engaging in lobbying as defined in Section 2-17-10(12). Further, South Carolina law requires that the lobbyist must file a separate registration form and pay a fee of \$50.00.

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

Joseph S. Murray III
Signature of Lobbyist's Principal

Joseph S. Murray III
Printed Name

Regional Director, State Government
Title

Relations
Title

Date 12/23/96

FOR OFFICE USE ONLY: ☐ COMPLETE

☐ ENTERED

☐ INCOMPLETE

☐ SCANNED

Subscribed and sworn before me this 23rd day of December, 19 96

Elizabeth H. Morton
Notary Public



My commission expires December 27, 1999
ELIZABETH H. MORTON
Notary Public-North Carolina
COUNTY OF DAVIDSON

RECEIPT # _____

SEC-L2A.2(1-95)

51826 9606



P. O. BOX 2955
Winston-Salem, North Carolina 27102

RJR.... Standing up for America's
45 million adult smokers

05A 0104153996

STATE ETHICS COMMISSION
PO BOX 11926
COLUMBIA, SC 29211-1926

CHECK NUMBER: 5A 0104153996
CHECK DATE: 12-17-96

4

INVOICE NUMBER	GROSS	NET AMOUNT	INVOICE NUMBER	GROSS	NET AMOUNT
5000	50.00	50.00			

1997 LOBBYIST'S PRINCIPAL REGISTRATION FEE

51826 9607

R J REYNOLDS TOBACCO COMPANY PAYMENT

NET CHECK AMOUNT

50.00

IT Form APCNEW Rev. 5/90

DETACH THIS STUB BEFORE DEPOSITING CHECK

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.



P. O. BOX 2955
Winston-Salem, North Carolina 27102

WACHOVIA BANK OF NORTH CAROLINA, N.A.
ASHEVILLE BRANCH, 200 E. MAIN ST., ASHEVILLE, NC 28601

DATE
12-17-96

5A 0104153996
CHECK NO.

PAY ONLY **50.00**
FIFTY DOLLARS

PAY FIFTY DOLLARS AND 00 CENTS

TO THE ORDER OF STATE ETHICS COMMISSION
PO BOX 11926
COLUMBIA, SC 29211-1926

AUTHORIZED SIGNATURE

⑈0104153996⑈ ⑆053100355⑆010459 038032⑈

Date: 12/06/96

Accounts Payable Voucher

Voucher #: 005762

___ Mail to Payee Check to be dated: 12/17/96

___ Call for Check Pickup Name: Ext.:

X Return Name: Jan Krebs

Dept. Name: Government Relations

Bldg.: Reynolds

Room No.: 11102

FEI/SS # : *****
AP Vendor # : * Amount: \$ 50.00 *
AP Contract # : *****
AP Voucher # : *****
AP Pay Date : *****

Name/Address : State Ethics Commission
P. O. Box 11926
Columbia, SC 29211-1926

Attention :

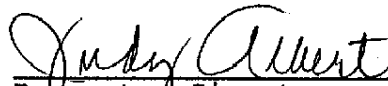
Special payment information to appear on check stub:

1997 Lobbyist's Principal Registration Fee

<u>G/L Account Code</u>	<u>Other Required Code</u>	<u>Amount</u>
04-88-5015-9016-867	005762	\$ 50.00

Jan Krebs

Approval Authority Name


Requestor Signature
Judy Albert

Ext.: 1285

Approved: 

GRD-12/92

51826 9608

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Print your name and address on the reverse of this form to you. ■ Attach this form to the front of the mail piece or on the back. ■ The Return Receipt will show to whom the article was delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult Postmaster for fee.	
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4b. Service Type:		5. Date of Delivery:	
6. Addressee (Print Name):		7. Address:	
8. Signature:		9. Return Receipt Number:	
PS FORM 3811		Domestic Return Receipt	

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PM

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25
R J REYNOLDS TOBACCO COMPANY
401 N MAIN STREET
WINSTON-SALEM NC 27102

51826 9610