



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State

Room 43, State House
Providence, Rhode Island 02903-1105
401-277-2390

Monthly Organization/Employer Report

Due the 1st Monday of the month during the legislative session to report the previous months' activity.

Reporting Period: Month of May

Organization/Employer Name: R. J. Reynolds Tobacco

Lobbyist Name: Peter J. McGinn

If any addresses or telephone numbers have changed since the last reporting period please check here _____ and note the change in the space provided at the end of this form.

Compensation/Expenditure Information:

Have you paid any type of compensation or incurred any obligation for payment to the above named lobbyist for lobbying? (yes or no) No. If yes, please complete the following.

Compensation received for lobbying: \$ _____

Retainer: \$ _____

Part of salary received for lobbying: \$ _____

Contractual or agreed fee: \$ _____

Amount earned but not received: \$ _____

Reimbursements for expenses (please itemize): _____

Other (please explain): _____

Note: RI GL 22-10-2(d) requires disclosure in a dollar amount of the compensation for lobbying activity.

During this reporting period, have you made any expenditure or incurred any obligation of \$25.00 or more per occurrence to promote or oppose any legislation, including but not limited to mailings, meals, print or broadcast advertisements, or gifts? (yes or no) No

If yes, please detail, including the names of the persons receiving and in whose behalf such expenditures have been made, the amount, date, place, and reason for the expenditure.

(indicate if attached pages _____)

List any changes of address or telephone numbers:

(from) _____

(to) _____

Signature of Employer or Designee [Signature]

Please print name of Employer or Designee _____

Please indicate the capacity in which you are executing this document: _____

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ACCEPTED:	REVIEWED: