U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

ort is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. OD OLamon abor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) Office Use Only MAR 3 1 201 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 619204 Ε 65605 Month/Day/Year Month/Day/Year 2. Period Covered 1. File Number C (mm/dd/yyyy) By This Report From: 01/01/2015 Through: 12/31/2015 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Daniel Keefe Title VP Human Resources Title Organization Reynolds Consumer Products LLC Organization P.O. Box. Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 1900 W. Field Court Street City Lake Forest City ZIP Code + 4 60045 Illinois State ZIP Code + 4 State Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true. correct, and complete. (See the Section on penalties in the instructions). 18. Signed President Treasurer 17. Signed (If other title, see (if other title, see Treasurer instructions) Title instructions) resident

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B. Statement of Recipias Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services. 3.a. Name and Address of Employer (encluding tade name, d. any). Employer [Pacciv LLC] Trade Name [Name of Person Fil	ing:	Daniel Keefe						File Number C- 656	605	
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