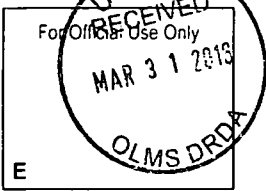


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

This report 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.
Required of persons including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

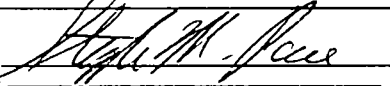
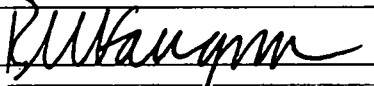
619204

1. File Number C- <input type="text"/> 65605	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2015 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2015
----------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Daniel <input type="text"/> Keefe	Name <input type="text"/>
Title <input type="text"/> VP Human Resources	Title <input type="text"/>
Organization <input type="text"/> Reynolds Consumer Products LLC	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text"/> 1900 W. Field Court	Street <input type="text"/>
City <input type="text"/> Lake Forest	City <input type="text"/>
State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60045	State <input type="text"/> ZIP Code + 4 <input type="text"/>
4. Any other address where records necessary to verify this report are kept:	

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).

17. Signed  President (if other title, see instructions) Title <input type="text"/> President President	18. Signed  Treasurer (if other title, see instructions) Title <input type="text"/> Treasurer
On <input type="text"/> 3/30/2016 <input type="text"/> 847-482-3237 Date Telephone Number	On <input type="text"/> 03/30/2016 <input type="text"/> 847-482-2965 Date Telephone Number

Name of Person Filing: Daniel Keefe	File Number C- 65605
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <input type="text" value="Pactiv LLC"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="1900 W. Field Court"/>
Attention To <input type="text" value="David"/> <input type="checkbox"/> <input type="text" value="Streck"/>	City <input type="text" value="Lake Forest"/>
Title <input type="text" value="Deputy General Counsel"/>	State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60045"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,930

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
Georgette <input type="checkbox"/> Leppert	4,000	6,389	10,389	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>				10. Publicity <input type="text"/>
<input type="text"/>				11. Fees for Professional Services <input type="text"/>
<input type="text"/>				12. Loans Made <input type="text"/>
<input type="text"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				10,389
14. Total Disbursements (Sum of Items 8-13)				10,389

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10,389	