

U.S. Department of Lebor 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 10-31-2013

S Proposite mandatory under P.L. 88-237, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Regulard Explored Medical Verific Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1969, as amended. (LMRDA)

For Official Use Only 114

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C. (05605	Period Covered By This Report From:	Month/Day/Year (ram/ddyyyy)		Month/Day/Year (mm/dd/yyy)	
		01 / 01 / 2013	Through:	12 / 31 / 2013	
A. Person Filing	·			·· · · · · ·	
Name and mailing address (include ZIP Code):	4. Any other address	where records necessa	ery to verify t	this report are kept:	
Name David , Watson	Nаme				
Title Group Legal Counsel	Title				
Organization Reynolds Consumer Products, Inc.	Organization.				
P.O. Box, Building and Room Number, if any	P.O. Box, Building	end Room Number, if a	iny		
Street 1900 W Field Court	Street	The second secon		MAR DE TOTAL A CONTRACTOR OF THE CONTRACTOR OF T	
City Lake Forest	City	The state of the s			
State Illinois ZIP Code + 4 60045	State		ZIP Cod	e+4	
Signa	atures			, .	
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the i	nformation submitted in the best of the undersigned	is report (incl d's knowledg	luding the te and belief, true,	
17. Signed President Sen in Vi 6 VIII and instructions)	18. Signed	www. Secret	iry.	Treasurer (if other title, see instructions)	
On 3/28/2014 847-482-2835 Date Telephone Number	On 3/28/		847- e Number	3155	



ame of Person Filing: David Watson			File Number C-				
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). Employer Prestone Products Corporation Trade Name Attention To Title 5.b. Termination Date on or about 6-28-13	Mailing Address: P.O. Box, Building and Room Number, if any Street 1900 W Field Court City Lake Forest State Illinois ZIP Code + 4 60045						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
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 Leppert 11,000 3,775	14,775	9. Office and A	dministrative Expenses				
		10. Publicity	, , , , , ,	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
		11. Fees for Pri	ofessional Services				
		12. Loans Made	1				
		13. Other Disbu	rsements				
8. Total discursements to officers and employees:	14,775	14. Total Disburt	ements (Sum of Items 8-13)	14,775			
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report on	ly disbursements	made for the purposes des	cribed in Part D of the			
15.a, Employer Name: 15.b. Trade Name, If any:							
The state of the s	Andrew Administration and the second of						
16.c. To Whom Pald	15.d. Amount						
Name Title Organization	15.e. Purpo	\$ 6					
P.O. Box, Building and Room Number, if any Street; City State; ZIP Code + 4		.					

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