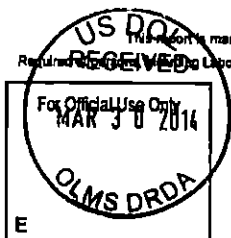


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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. 438 or 440.
Required by section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

551587

1. File Number C- <u>65605</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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A. Person Filing	
3. Name and mailing address (Include ZIP Code): Name <u>David</u> <u>Watson</u> Title <u>Group Legal Counsel</u> Organization <u>Reynolds Consumer Products, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>1900 W Field Court</u> City <u>Lake Forest</u> State <u>Illinois</u> ZIP Code + 4 <u>60045</u>	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4

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 <u>[Signature]</u> President Title <u>President</u> <u>Senior Vice President</u> (If other title, see instructions)	18. Signed <u>[Signature]</u> Treasurer Title <u>Treasurer</u> <u>Secretary</u> (If other title, see instructions)
On <u>3/28/2014</u> <u>847-482-2835</u> Date Telephone Number	On <u>3/28/2014</u> <u>804-847-3155</u> Date Telephone Number

