


Contributions to Registered Entities Report Cover

Amendment

☐ Yes ☐ No

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information					
a. Full Name of Entity Making Disbursement Reynolds American Inc.		d. Entity Type (Check One) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization		e. Federal ID Number (if applicable) 20-0546644	
b. Mailing Address (include City, State and Zip Code) and Phone Number Attention: David L. Spross P.O. Box 2959 Winston-Salem, NC 27102		f. Date Filed 4/11/2016		g. Employer's Name or Principal Place of Business 	
		h. Occupation 			
c. Detailed Description of Entity Manufacturing					
2. Report Year 2016		3. Period Start Date (mm/dd/yyyy) 04/01/2016		4. Period End Date (mm/dd/yyyy) 06/30/2016	
5. Custodian of Books					
a. Full Name of Entity's Custodian of Books and Accounts David L. Spross					
b. Mailing Address (include City, State and Zip Code) and Phone Number P.O. Box 2959 Winston-Salem, NC 27012		c. Employer's Name or Principal Place of Business Reynolds American Inc.			
		d. Occupation Vice President, State Government Relations			
6. Total Donations ALL Pages				\$ 50,000.00	
7. Total Contributions ALL Pages				\$ 50,000.00	
CERTIFICATION					
I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony.					
David L. Spross Printed Name of Signer		 Signature		4/11/2016 Date	

Donations to further Contributions reported at 2215C

Use this form to identify each person or entity making a donation of more than \$100, to further the contribution(s) reported on 2215C.

Page of

1. Donation Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	Reynolds American Inc. P.O. Box 2959 Winston-Salem, NC 27102		3/16/2016	\$ 50,000.00
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 50,000.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 50,000.00

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

1. Committee Receiving Contribution					
a. Full Name, Mailing Address (include city, state, and zip) & Phone Number Truth and Prosperity Inc. IE PAC 4112 Old Pineville Road Charlotte, NC 28217					b. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Muni
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
1	Check	Contribution	3/16/2016	\$ 50,000.00	\$ 50,000.00
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					j. Date Vendor Paid
					k. Amount
					\$
1. Committee Receiving Contribution					
a. Full Name, Mailing Address (include city, state, and zip) & Phone Number					b. Level Registered
					<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Muni
c. Item Number	d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date
				\$	\$
If Form of Payment above is In Kind provide information on Vendor Paid below.					
i. Full Name, Mailing Address (include city, state, and zip) & Phone Number					j. Date Vendor Paid
					k. Amount
					\$
2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i>					\$ 50,000.00
3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all disbursement pages)</i>					\$ 50,000.00

UPS CampusShip: Shipment Label

UPS CampusShip: View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
Customers with a Daily Pickup
Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select

UPS Locations.

Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.

Hand the package to any UPS driver in your area.

UPS Access Point™	UPS Access Point™	UPS Access Point™
THE UPS STORE	THE UPS STORE	THE UPS STORE
380 KNOLLWOOD ST	3320 SILAS CREEK PKWY	1959 PEACE HAVEN RD
WINSTON SALEM, NC 27103	WINSTON SALEM, NC 27103	WINSTON SALEM, NC 27106

FOLD HERE

TERESA WOOD
3367413514
R. J. REYNOLDS TOBACCO CO.
401 N MAIN STREET
WINSTON SALEM NC 271013804

0.0 LBS LTR

1 OF 1

SHIP TO:
CAMPAIGN FINANCE DIVISION
919-733-7173
NC STATE BOARD OF ELECTION
441 NORTH HARRINGTON ST
RALEIGH NC 27603-1323



NC 276 9-02



UPS NEXT DAY AIR

TRACKING #: 1Z X33 W02 01 9850 8166

1



BILLING: P/P



CS 18.1.10. WNTINV50 72.0A 01/2016