

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

OCT 31 2006

S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee R. J. Reynolds Tobacco Company

Complete Mailing Address P.O. Box 2959, Winston-Salem, NC 27102

Name of Person Making Report Joseph S. Murray, III Daytime Phone Number 336/741-6377

If you are a candidate, what office are you seeking? N/A

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Initiative Measure 2 - Opposed

Type of Report (See pages 4 & 5 of Guideline Book) Pre-General

For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/28/06

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I Joseph S. Murray, III (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 10/30/06

Signature of Joseph S. Murray, III
Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 31st day of October 06

Chris Nelson SECRETARY OF STATE

Name of Candidate or Committee: R. J. Reynolds Tobacco Company

For the reporting period ending: 10/28/06

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total: \$	
0	

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total: \$		
0		

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total: \$	
0	

