

FORM PR-EZ PAGE 1 OF 3 (11/18/2020 EDITION)



Elaine F. Marshall, Secretary of State

2021 Principal Expense Report Form – Fourth Quarter Zero Expense Short Form

For quarterly reports with no reportable expenditures; if you have reportable expenditures, use Form PR-ER.

Mailing Address:PO Box 29622
Raleigh, NC 27626-0622Street Address:2 South Salisbury St.
Raleigh, NC 27601-2903Amended Report (Check if amending the report)

Original Tracking No. _____

Period: Quarter Ended December 31, 2021

Complete Name of Principal: Smithfield Foods, Inc.

If the registered lobbyist principal has directed any lobbyist listed below to lobby on behalf of an unregistered associated entity, the principal must complete and attach Schedule PR-QAE to this quarterly report. The absence of such attachment constitutes the authorized officer's affirmative statement under oath that there are no such unreported associated entities pursuant to G.S. § 120C-403(b)(5) to disclose for the reporting period.

Name(s) of Lobbyist(s) as Registered: Lisa Martin, Theresa Kostrzewa, Courtney Crowder, Demetrius Deloatch

Include all lobbyists registered during the calendar year, including interim resignations/terminations.

I choose to maintain the paper original inked, signed, and notarized lobbying expense report in my own records for three years as required by Administrative Rule 18 NCAC 12 .1301; OR

I choose to deliver the paper original inked, signed, and notarized lobbying expense report to the Lobbying Compliance Division of the Secretary of State within seven days as required by Administrative Rule 18 NCAC 12 .0214.

****2021 Cumulative Combined Lobbyist Payment for Services****

	CUMULATIVE COMBINED 2021 PAYMENT FOR SERVICES
<i>Failure to provide payee information will result in rejection of this report.</i>	
For this registration year, enter the dollar amount of the cumulative combined total payments to all lobbyists named on this quarterly report of the principal and the payees thereof: <u>\$80,000: Capitol Advantage (Lisa Martin, Theresa Kostrzewa); \$120,000: APCO Worldwide (Courtney Crowder, Demetrius Deloatch)</u>	\$200,000
Prior to the end of this fourth quarter of this calendar year, if you previously submitted a <u>separate</u> expense form to report cumulative combined payments to terminated or resigned lobbyists, enter the dollar amount. If not, include the total dollar amount for the 2021 cumulative lobbyist payment for services to all active, resigned or terminated lobbyists in the first and third blocks on this form.	\$0
Total cumulative combined payment for services for all lobbyists of the principal registered in 2021.	\$200,000

IMPORTANT INSTRUCTIONS FOR PRINCIPAL OFFICER AND NOTARY

ALL BLANKS MUST BE COMPLETED WITH PRINTED NAME OF AUTHORIZED OFFICER AND PRINTED NAME OF PRINCIPAL ENTITY. THE AUTHORIZED OFFICER MUST SIGN AND DATE REPORT TO CERTIFY REPORT IN THIS SECTION. FOR QUARTERLY REPORT UNDER OATH, VENUE (STATE AND COUNTY WHERE NOTARIZED) AND JURAT MUST ALSO BE COMPLETED. SIGNATORY AUTHORIZED OFFICER MUST BE A PERSON OF RECORD WITH THE LOBBYING COMPLIANCE DIVISION FOR REPORTING PURPOSES IN CURRENT YEAR. WARNING: INCOMPLETE CERTIFICATION OR NOTARIZATION MAY RESULT IN REJECTION OF REPORT.

STATE OF Virginia (Must be filled in)
COUNTY OF Isle of Wight (Must be filled in)

The undersigned as an authorized officer of the above named principal entity on behalf of the principal entity by its authority first duly given, or on his/her own behalf as an individual principal, being first duly sworn, hereby certifies that the principal has no expenditures pursuant to G.S. § 120C-403 other than payment for services to report for this quarterly period and that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

[Signature] Signature of Authorized Officer
STEWART LEETH Printed name of Authorized Officer
1/10/22 Date

Sworn to (or affirmed) and subscribed before me,
this 10th day of January, 2022.

[Signature]
Signature of Notary Public

FRANCISCO H. MARQUES
Printed Name of Notary Public



My commission expires: 03/31/2025 (NOTARY STAMP OR SEAL)

Printed Full Name of Report Preparer: Amee Lubin
Signature of Report Preparer: [Signature]

DO NOT COMPLETE UNLESS REPORT PREPARER IS A PERSON OTHER THAN THE AUTHORIZED OFFICER SIGNING AND CERTIFYING REPORT WHO HAS EXERCISED INDEPENDENT JUDGMENT OR DISCRETION AS TO THE INFORMATION REPORTED. THE AUTHORIZED OFFICER MUST SIGN CERTIFICATION ABOVE. SIGNATURE HERE BY AUTHORIZED OFFICER IS UNNECESSARY AND DOES NOT CONSTITUTE CERTIFICATION OF REPORT UNDER OATH.