11/05/2004 13 : 32

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

ADDRESS (Number and Street)

714 Green Valley Rd.

(Check if address is changed)

Greensboro | NC | 27408 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mdiamond@lortobco.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

336-335-7671

2. DATE 11 01 2004

3. **FEC IDENTIFICATION NUMBER** C C00112888

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Michael L. Diamond

Signature of Treasurer Electronically Filed by Michael L. Diamond Date 11 05 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CNA Financial Corporation Citizens For Good Government

Mailing Address CNA Plaza-Corporate Tax(245)

Chicago IL 60685 –

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Daphne L Helmprecht

Mailing Address: 714 Green Valley Road

Greensboro | NC | 27408 – 7018

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number: 336 – 335 – 7453

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Michael L Diamond

Mailing Address: 714 Green Valley Road

Greensboro | NC | 27408 – 7018

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 336 – 335 – 7450

Full Name of Designated Agent: Daphne L Helmprecht

Mailing Address: 714 Green Valley Road

Greensboro | NC | 27408 – 7018

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number: 336 – 335 – 7453

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Central Carolina Bank

Mailing Address 612 College Rd

Greensboro NC 27410 -

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Branch Bank & Trust Co.

Mailing Address 1300 Battleground Avenue

Greensboro NC 27408 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____