

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Lowe's Companies, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. DOUG LAMALFA COMMITTEE

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
Contribution

011

Candidate Name

DOUG LAMALFA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SB23.38058

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RENEE JACISIN ELLMERS

Mailing Address 122 KINGSWAY DR

City State Zip Code
DUNN NC 28334

Purpose of Disbursement
Contribution

011

Candidate Name

RENEE JACISIN ELLMERS

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 15 / 2014

Transaction ID : SB23.38103

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BILL POSEY

Mailing Address P. O. BOX 360877

City State Zip Code
MELBOURNE FL 32936

Purpose of Disbursement
Contribution

011

Candidate Name

BILL POSEY

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SB23.38182

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶