

**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)
LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address 3130 38TH STREET, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

RENEE JACISIN ELLMERS

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB23.38045

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RICHMOND FOR CONGRESS

Mailing Address 1631 ELYSIAN FIELDS
SUITE 150

City NEW ORLEANS State LA Zip Code 70126

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

CEDRIC L. RICHMOND

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB23.37982

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROBERT HURT FOR CONGRESS

Mailing Address PO BOX 8

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

ROBERT HURT

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB23.38023

Amount of Each Disbursement this Period

2500.00

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

6000.00

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