

**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)

REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement
KY-US HOUSE

Candidate Name

Rep. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

Transaction ID : B9347739F37AF4A9FB99

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement
SC-US HOUSE

Candidate Name

Rep. Jeff D. Duncan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

Transaction ID : B2CA724AB564F42C9933

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
SC-US HOUSE

Candidate Name

Rep. Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

Transaction ID : BC9464C562900409F951

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	0	0	0	0	0	0	0	0	0
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4	0	0	0	0	0	0	0	0	0
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