



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**McHenry for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	22987	904747.79
(b) Total Contribution Refunds (from Line 20(d)) .....	0	4800
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22987	899947.79
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4502.56	475772.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	1197	2057
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3305.56	473715.98
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	651341.58	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**McHenry for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 16 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6550	398827.76
(ii) Unitemized.....	437	17738.95
(iii) TOTAL of contributions from individuals ▶	6987	416566.71
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	16000	488181.08
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22987	904747.79
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	25394.56
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1197	2057
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	24184	932199.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4502.56	475772.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	2300
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	2500
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	4800
21. OTHER DISBURSEMENTS .....	0	34876.21
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4502.56	515449.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	631660.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24184
25. SUBTOTAL (add Line 23 and Line 24).....	655844.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4502.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	651341.58

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Barry**

Mailing Address 1100 Kenilworth Avenue  
Suite 110

City Charlotte State NC Zip Code 28204-2985

FEC ID number of contributing federal political committee. **C**

Name of Employer Barry Evans Josephs & Snipes Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18575**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jerry Fogle**

Mailing Address 129 Royal Oaks Lane

City Gastonia State NC Zip Code 28056-8834

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **330**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18571**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Leon Jackson**

Mailing Address 614 Kingsbury Street

City Shelby State NC Zip Code 28150-4317

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18572**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional).....

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

**600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Louis C. McKinney**

Mailing Address 124 Sheepnose Drive

City Lake Lure State NC Zip Code 28746-8767

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18578**

Amount of Each Receipt this Period  
**600**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Louis C. McKinney**

Mailing Address 124 Sheepnose Drive

City Lake Lure State NC Zip Code 28746-8767

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18579**

Amount of Each Receipt this Period  
**1400**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry Summer**

Mailing Address 300 W Main Street

City Cherryville State NC Zip Code 28021-3135

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF18584**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Frank M. Sutton**

Mailing Address 211 Montford Avenue

City Asheville State NC Zip Code 28801-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer Asheville Anesthesia Associa Occupation Anesthesiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18585**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Craig**

Mailing Address 1620 Fairfax Road

City Greensboro State NC Zip Code 27407-4139

FEC ID number of contributing federal political committee. **C**

Name of Employer R.h. Barringer Dist. Co., Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A-CF18589**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Colin Hanna**

Mailing Address 603 Fairway Drive

City West Chester State PA Zip Code 19382-2013

FEC ID number of contributing federal political committee. **C**

Name of Employer Let Freedom Ring Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A-CF18586**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John S. Keull**

Mailing Address 1227 Brush Creek Circle

City State Zip Code  
Fairview NC 28730-9774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : A-CF18593**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Craig Watson**

Mailing Address 504 S York Street

City State Zip Code  
Gastonia NC 28052-4038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Watson Insurance Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : A-CF18590**

Amount of Each Receipt this Period  
200

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

700.00

6550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A. Farmers Insurance Pac**

Full Name (Last, First, Middle Initial)  
Farmers Insurance Pac

Mailing Address 2350 Kerner Boulevard  
Suite 250

City San Rafael State CA Zip Code 94901-5596

FEC ID number of contributing federal political committee. **C** C00393629

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18576**

Amount of Each Receipt this Period  
 1000

**B. Independent Insurance Agents Of America PAC**

Full Name (Last, First, Middle Initial)  
Independent Insurance Agents Of America PAC

Mailing Address 412 1st Street SE  
Suite 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18581**

Amount of Each Receipt this Period  
 2500

**C. McGraw Hill Financial, Inc. Pac**

Full Name (Last, First, Middle Initial)  
McGraw Hill Financial, Inc. Pac

Mailing Address 1221 Avenue Of The Americas  
Floor 48

City New York State NY Zip Code 10020-1001

FEC ID number of contributing federal political committee. **C** C00494682

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18577**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A. National Association of Mutual Insurance PAC**

Full Name (Last, First, Middle Initial)  
National Association of Mutual Insurance PAC

Mailing Address 122 C Street NW  
Suite 540

City Washington State DC Zip Code 20001-2102

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18580**

Amount of Each Receipt this Period  
 2500

**B. The Freedom Project**

Full Name (Last, First, Middle Initial)  
The Freedom Project

Mailing Address 111 C Street SE

City Washington State DC Zip Code 20003-1832

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18583**

Amount of Each Receipt this Period  
 5000

**C. The Travelers Companies, Inc. PAC**

Full Name (Last, First, Middle Initial)  
The Travelers Companies, Inc. PAC

Mailing Address 1 Tower Square

City Hartford State CT Zip Code 06183-0001

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF18582**

Amount of Each Receipt this Period  
 2500

**SUBTOTAL** of Receipts This Page (optional).....

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

10000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NAIFA PAC**

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A-CF18594**

Amount of Each Receipt this Period  
 1500

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

16000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Farm Bureau Insurance (North Carolina Farm Bureau Insurance)**

Mailing Address **PO Box 27766**

City **Raleigh** State **NC** Zip Code **27611-7766**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2057**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : A-OF18605**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1197**

Vendor Refund of Overpayment

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ **1197.00**

\_\_\_\_\_ **1197.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial) <b>A. CTS Holdings, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : B-E-18602</b>
City Memphis State TN Zip Code 38133-8119	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Prism Property Management (Armory Building)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 729		Amount of Each Disbursement this Period 850 <b>Transaction ID : B-E-18599</b>
City Hickory State NC Zip Code 28603-0729	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period 179.42 <b>Transaction ID : B-E-18604</b>
City San Francisco State CA Zip Code 94110-2043	Purpose of Disbursement Credit Card Processing Fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1039.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erica Church</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3752 Westwood Road			Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-18595</b>
City Hamptonville	State NC	Zip Code 27020-7398	
Purpose of Disbursement Insurance/Cell Phone Stipend		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Erica Church</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3752 Westwood Road			Amount of Each Disbursement this Period 217.8 <b>Transaction ID : B-E-18596</b>
City Hamptonville	State NC	Zip Code 27020-7398	
Purpose of Disbursement Mileage Reimbursement		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Century Link</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO Box 96064			Amount of Each Disbursement this Period 291.53 <b>Transaction ID : B-E-18600</b>
City Charlotte	State NC	Zip Code 28296-0064	
Purpose of Disbursement Telephone Service		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	759.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial) <b>A. CTS Holdings, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 2525 Horizon Lake Drive Suite 120		Amount of Each Disbursement this Period 10.6 <b>Transaction ID : B-E-18603</b>
City Memphis	State TN Zip Code 38133-8119	
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Credit Card</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address PO Box 15650		Amount of Each Disbursement this Period 2677.21 <b>Transaction ID : B-E-18601</b>
City Wilmington	State DE Zip Code 19886-5650	
Purpose of Disbursement Credit Card Payment--See Memos	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Youssef</b>		Date of Disbursement MM / DD / YYYY 04 / 10 / 2014
Mailing Address 242 11th Avenue NE		Amount of Each Disbursement this Period 38.08 <b>Transaction ID : B-S-16637</b>
City Hickory	State NC Zip Code 28601-3836	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Credit Card(04/10/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2687.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		10		2014
M M	/	D D	/	Y Y Y Y									
04		10		2014									
Mailing Address 2300 18th Street NW		Amount of Each Disbursement this Period											
City Washington State DC Zip Code 20009-1892		<table border="1"> <tr> <td colspan="4">35.55</td> </tr> </table>		35.55									
35.55													
Purpose of Disbursement Postage/Shipping		Transaction ID : B-S-16639											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Uber</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		10		2014
M M	/	D D	/	Y Y Y Y									
04		10		2014									
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period											
City San Francisco State CA Zip Code 94105-1611		<table border="1"> <tr> <td colspan="4">149</td> </tr> </table>		149									
149													
Purpose of Disbursement Travel		Transaction ID : B-S-16640											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>c. Nick's Steak &amp; Taphouse</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		10		2014
M M	/	D D	/	Y Y Y Y									
04		10		2014									
Mailing Address 182 S South Street		Amount of Each Disbursement this Period											
City Gastonia State NC Zip Code 28052-4125		<table border="1"> <tr> <td colspan="4">280.49</td> </tr> </table>		280.49									
280.49													
Purpose of Disbursement Food/Beverage		Transaction ID : B-S-16647											
Candidate Name		[MEMO ITEM]											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="4">0.00</td> </tr> </table>	0.00			
0.00					
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> </tr> </table>				

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Fed Ex</b>		M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1555 Rankin Lake Road		Amount of Each Disbursement this Period
City Gastonia State NC Zip Code 28052-1877		82.93
Purpose of Disbursement Shipping		Transaction ID : B-S-16653
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Capitol Hill Club</b>		M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20003-1801		422.72
Purpose of Disbursement Food/Beverage		Transaction ID : B-S-16654
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Amtrak</b>		M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20002-4285		518
Purpose of Disbursement Travel		Transaction ID : B-S-16655
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Subitemization of Chase Credit Card(04/10/14)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Jewel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 11 W 51st Street		Amount of Each Disbursement this Period 250.33
City New York	State NY	
Zip Code 10019-6994	Purpose of Disbursement Travel	Transaction ID : B-S-16643
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Credit Card(04/10/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Roti Mediterranean Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1747 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 95.42
City Washington	State DC	
Zip Code 20006-4604	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-16646
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Credit Card(04/10/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Isa Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1 Battery Park Avenue		Amount of Each Disbursement this Period 233.32
City Asheville	State NC	
Zip Code 28801-2717	Purpose of Disbursement Food/Beverage	Transaction ID : B-S-16650
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Credit Card(04/10/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**McHenry for Congress**

Full Name (Last, First, Middle Initial) <b>A. IContact</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 2635 Meridian Parkway		Amount of Each Disbursement this Period 74
City Durham	State NC	
Zip Code 27713-4201	Purpose of Disbursement Email Service	<b>Transaction ID : B-S-16651</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Credit Card(04/10/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 450 Laurel Street Suite 2105		Amount of Each Disbursement this Period 8.1
City Baton Rouge	State LA	
Zip Code 70801-1821	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : B-E-18598</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.10
<b>TOTAL</b> This Period (last page this line number only).....	4494.61