

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Butterfield for Congress

ADDRESS (number and street) PO Box 2571

Check if different than previously reported. (ACC)

Wilson NC 27894

2. **FEC IDENTIFICATION NUMBER** C00401190

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

NC 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Ernest Leonard

Signature of Treasurer Electronically Filed by Ernest Leonard Date 10 15 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Butterfield for Congress

Report Covering the Period:

From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 129675.00               | 695110.08                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 129675.00               | 695110.08                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 37190.84                | 267995.75                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 5784.19                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 37190.84                | 262211.56                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 133580.17               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**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  
Butterfield for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

45250.00

181075.00

(ii) Unitemized.....

1925.00

17619.00

(iii) TOTAL of contributions

47175.00

198694.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

82500.00

496416.08

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

129675.00

695110.08

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

5784.19

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

150.00

150.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

129825.00

701044.27

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 37190.84                              | 267995.75                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 16500.00                                   |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 16500.00                                   |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 107950.00                             | 341740.22                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 145140.84                             | 626235.97                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 148896.01 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 129825.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 278721.01 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 145140.84 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 133580.17 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 84

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Barbara K. Allen

Mailing Address 3714 Marsh Creek Rd

City Raleigh State NC Zip Code 27604-4105

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2008

**Transaction ID:** C2077485

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Philip A. Baddour, Jr.

Mailing Address 125 Pineridge Lane

City Goldsboro State NC Zip Code 27534

FEC ID number of contributing federal political committee. C

Name of Employer Baddour Parker & Hine PC Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2008

**Transaction ID:** C2597974

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Richard A. Baddour

Mailing Address 607 Emory Drive

City Chapel Hill State NC Zip Code 27517-2517

FEC ID number of contributing federal political committee. C

Name of Employer University of North Carolina Occupation Athletic Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2008

**Transaction ID:** C2597975

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |  |             |
|---|--|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br>(check only one)<br><input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 6 / 84 |
|---|--|-------------|

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |                       |   |
|---|---|-----------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mamie B. Banks       |                       | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
|   | Mailing Address PO Box 1482                                     |                       | <b>Transaction ID:</b> C2077467   |
|   | City<br>Henderson   | State<br>NC           | Zip Code<br>27536   |
|   | FEC ID number of contributing federal political committee.<br>C |                       | Amount of Each Receipt this Period<br>250.00  |
|   | Name of Employer<br>Vance County Schools                        | Occupation<br>Teacher | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                              |                       |   |

|   |   |                         |   |
|---|---|-------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Judith L. Rozie Battle |                         | Date of Receipt<br>MM / DD / YYYY<br>08 / 22 / 2008   |
|   | Mailing Address 4000 Hazel Lane                                   |                         | <b>Transaction ID:</b> C2595529   |
|   | City<br>Greensboro  | State<br>NC             | Zip Code<br>27408   |
|   | FEC ID number of contributing federal political committee.<br>C   |                         | Amount of Each Receipt this Period<br>500.00  |
|   | Name of Employer<br>Homemaker                                     | Occupation<br>Homemaker | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00                                |                         |   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Bryan E. Beatty      |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 06 / 2008   |
|   | Mailing Address 2400 Millstone Harbour Drive                    |  | <b>Transaction ID:</b> C2076359   |
|   | City<br>Raleigh   | State<br>NC                            | Zip Code<br>27603   |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>1000.00   |
|   | Name of Employer<br>State of North Carolina                     | Occupation<br>Government Administrator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00                             |  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline Beatty-Smith

Mailing Address 902 Chancellors Ridge Dr

City State Zip Code  
Durham NC 27713-6021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US Capitol Police Administrator

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 9 |   | 2 | 0 | 0 | 8 |

Transaction ID: C2077486

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8221 Running Cedar Trail

City State Zip Code  
Raleigh NC 27615

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired State Govt Retired State Govt

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 9 |   | 2 | 0 | 0 | 8 |

Transaction ID: C2077482

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Post Office Box 20963

City State Zip Code  
Greensboro NC 27420

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 3 | 0 |   | 2 | 0 | 0 | 8 |

Transaction ID: C2075506

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

**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 / 84                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dock M. Brown        |                                 | Date of Receipt<br>MM / DD / YYYY<br>08 / 12 / 2008   |
|   | Mailing Address 314 Meadow Lane                                 |                                 | <b>Transaction ID:</b> C2078207   |
|   | City<br>Weldon  | State<br>NC                     | Zip Code<br>27890-1632  |
|   | FEC ID number of contributing federal political committee.<br>C |                                 | Amount of Each Receipt this Period<br>200.00  |
|   | Name of Employer<br>Retired Principal                           | Occupation<br>Retired Principal | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00                              |                                 |   |

|   |   |                        |   |
|---|---|------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>James T. Bruce, III  |                        | Date of Receipt<br>MM / DD / YYYY<br>07 / 25 / 2008   |
|   | Mailing Address 900 Lynton Place                                |                        | <b>Transaction ID:</b> C2072902   |
|   | City<br>Mc Lean   | State<br>VA            | Zip Code<br>22102-2113  |
|   | FEC ID number of contributing federal political committee.<br>C |                        | Amount of Each Receipt this Period<br>250.00  |
|   | Name of Employer<br>James T. Bruce III                          | Occupation<br>Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                              |                        |   |

|   |   |                       |   |
|---|---|-----------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Debra M. Bryant      |                       | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2008   |
|   | Mailing Address 612 4th Place, SW                               |                       | <b>Transaction ID:</b> C2619321   |
|   | City<br>Washington  | State<br>DC           | Zip Code<br>20024-2720  |
|   | FEC ID number of contributing federal political committee.<br>C |                       | Amount of Each Receipt this Period<br>250.00  |
|   | Name of Employer<br>The Ferguson Group                          | Occupation<br>Partner | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1250.00                             |                       |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

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

FOR LINE NUMBER: PAGE 9 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kevin Wade Burton, Sr.  
Mailing Address 405 Mary Beth Drive

City State Zip Code  
Greenville NC 27858-8121

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

Name of Employer Occupation  
Burton Family Dental & Associates, PA Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2008

**Transaction ID:** C2077481

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ralph Campbell, Jr.  
Mailing Address 2016 Shadow Creek Drive

City State Zip Code  
Raleigh NC 27604

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** C2075526

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hugh R. Cassar  
Mailing Address 5449 Endeavor Court

City State Zip Code  
Moorpark CA 93021

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

Name of Employer Occupation  
Kretek Distributors, Inc. President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2008

**Transaction ID:** C2591052

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Eva M. Clayton

Mailing Address 177 Northside Drive  
Lake Gaston

City State Zip Code  
Littleton NC 27850-8314

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

Name of Employer Occupation  
Retired Member of Congress Retired Member of Congress

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2008

**Transaction ID: C2077487**

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Clayward C. Corry, Jr.

Mailing Address Post Office Box 920

City State Zip Code  
Kings Mountain NC 28086-0920

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2008

**Transaction ID: C2595528**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2611 Glen Eden Drive

City State Zip Code  
Raleigh NC 27612-4348

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

Name of Employer Occupation  
Womble Carlyle Sandridge Carlisle Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2008

**Transaction ID: C2077475**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# 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 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Thomas A. Danjczek       |                          | Date of Receipt  |
|   | Mailing Address 6660 Avignon Blvd                                   |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>07 / 25 / 2008 |
|   | City  | State                    | Zip Code   |
|   | Falls Church  | VA                       | 22043-1752   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | Transaction ID: C2072899   |
| Name of Employer<br>Steel Manufacturers Association   |   | Occupation<br>President  | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/><br>250.00   |
|   |   |                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)        |

|   |   |                                |  |
|---|---|--------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Chester C. Davenport     |                                | Date of Receipt  |
|   | Mailing Address 6903 Rockledge Dr Ste 214                           |                                | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>08 / 30 / 2008 |
|   | City  | State                          | Zip Code   |
|   | Bethesda  | MD                             | 20817-1863   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                | Transaction ID: C2597973   |
| Name of Employer<br>Georgetown Partners, Inc.   |   | Occupation<br>Managing Partner | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼       | <input type="text"/><br>2300.00  |
|   |   |                                | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)        |

|   |   |                           |  |
|---|---|---------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Walter Conaway Davenport |                           | Date of Receipt  |
|   | Mailing Address 4929 Harbour Towne Drive                            |                           | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>09 / 20 / 2008 |
|   | City  | State                     | Zip Code   |
|   | Raleigh   | NC                        | 27604-5829   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                           | Transaction ID: C2606376   |
| Name of Employer<br>Retired CPA   |   | Occupation<br>Retired CPA | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼  | <input type="text"/><br>500.00   |
|   |   |                           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)        |

|  |                                 |
|--|---------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>3050.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>            |

**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 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>William A. Dudley  | Date of Receipt<br>MM / DD / YYYY<br>07 / 30 / 2008   |
|           | Mailing Address 1316 Cricklewood Court  | <b>Transaction ID:</b> C2075504   |
|           | City Raleigh State NC Zip Code 27603-3943   | Amount of Each Receipt this Period<br>250.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer State of NC Occupation Deputy Secretary, Crime Control & Publ<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Rufus L. Edmisten   | Date of Receipt<br>MM / DD / YYYY<br>07 / 25 / 2008   |
|           | Mailing Address 132 S Salisbury Street   | <b>Transaction ID:</b> C2072893   |
|           | City Raleigh State NC Zip Code 27601-1344  | Amount of Each Receipt this Period<br>250.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer The Edmisten & Webb Law Firm Occupation Attorney<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Chancy R. Edwards   | Date of Receipt<br>MM / DD / YYYY<br>08 / 06 / 2008   |
|           | Mailing Address 1214 Bishopton Way   | <b>Transaction ID:</b> C2076365   |
|           | City Knightdale State NC Zip Code 27545  | Amount of Each Receipt this Period<br>250.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer Retired Pastor Occupation Retired Pastor<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**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 13 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>James Leroy Emery        | Date of Receipt<br>MM / DD / YYYY<br>08 / 06 / 2008   |
|   | Mailing Address 3441 W. Tanya Trail                                 | <b>Transaction ID:</b> C2076214   |
|   | City State Zip Code<br>Phoenix AZ 85086                             | Amount of Each Receipt this Period<br>1000.00   |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Prime Time International Company  | Occupation<br>CEO and Senior Vice President                         |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ray Eshraghi             | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
|   | Mailing Address 103 Beech Slope Way                                 | <b>Transaction ID:</b> C2077493   |
|   | City State Zip Code<br>Cary NC 27518-8995                           | Amount of Each Receipt this Period<br>250.00  |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Microcell   | Occupation<br>CEO   |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>N. Victor Farah          | Date of Receipt<br>MM / DD / YYYY<br>07 / 25 / 2008   |
|   | Mailing Address Post Office Box 847                                 | <b>Transaction ID:</b> C2072910   |
|   | City State Zip Code<br>Raleigh NC 27602                             | Amount of Each Receipt this Period<br>2300.00   |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>The Jernigan Law Firm   | Occupation<br>Attorney  |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2300.00                                 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# 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 14 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Henry E. Frye  | Date of Receipt<br>MM / DD / YYYY<br>08 / 01 / 2008   |
|           | Mailing Address 1401 S. Benbow Road   | <b>Transaction ID:</b> C2075523   |
|           | City Greensboro State NC Zip Code 27406   | Amount of Each Receipt this Period<br>1000.00   |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer Brooks Pierce Law Firm Occupation Attorney<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Terry E. Garrison  | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
|           | Mailing Address PO Box 551  | <b>Transaction ID:</b> C2077488   |
|           | City Henderson State NC Zip Code 27536-0551   | Amount of Each Receipt this Period<br>250.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer TEGARRIS Association Realty Occupation Real Estate Sales/Management<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Denise James Gatling   | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
|           | Mailing Address 300 Nantucket Drive   | <b>Transaction ID:</b> C2077472   |
|           | City Cary State NC Zip Code 27513   | Amount of Each Receipt this Period<br>500.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer GlaxoSmithKline Occupation Director of Global Diversity<br>Receipt For: 2008 Election Cycle-to-Date<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 84  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d |                          |    |
| <input type="checkbox"/>            | 12  | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Willie J. Gilchrist

Mailing Address 1304 Parkview Drive

City Elizabeth City State      State NC      Zip Code 27909

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

Name of Employer Elizabeth City State University      Occupation Chancellor

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 08 / 20 / 2008

**Transaction ID:** C2591048

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Randall A. Gore

Mailing Address 3126 Brook Forest Road

City Greensboro      State NC      Zip Code 27406

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

Name of Employer US Department of Agriculture      Occupation Administrator

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2008

**Transaction ID:** C2077494

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Waheed Haq

Mailing Address 4109 Henry J. Menninger Wynd

City Raleigh      State NC      Zip Code 27612

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

Name of Employer A & M Ventures      Occupation Business Developer

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 11 / 2008

**Transaction ID:** C2071110

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Waheed Haq  
 Mailing Address 4109 Henry J. Menninger Wynd  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A & M Ventures Occupation Business Developer  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt 07 / 30 / 2008  
**Transaction ID:** C2075507  
 Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Andrea L. Harris  
 Mailing Address 340 W. Rockspring Street  
 City Henderson State NC Zip Code 27536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NC Institute of Minority Economic Deve Occupation President  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00  
 Date of Receipt 08 / 12 / 2008  
**Transaction ID:** C2078208  
 Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lyman Beecher Henderson, Jr.  
 Mailing Address 516 West Ridgeway Street  
 City Warrenton State NC Zip Code 27589-1700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Dentist  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt 08 / 09 / 2008  
**Transaction ID:** C2077469  
 Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►



# 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 17 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |   |   |   |
|-----------|---|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Nelle Pendleton Hotchkiss  |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
|           | Mailing Address 1108 Inderbury Drive  |   | <b>Transaction ID:</b> C2077491   |
|           | City Raleigh  | State NC  | Zip Code 27614  |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>250.00  |
|           | Name of Employer<br>NC Electric Membership Corporation<br>Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Sr. VP of Corporate Relations<br>Election Cycle-to-Date ▼<br>250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|           |  |   |   |
|-----------|--|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>James B. Hunt, Jr.  |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 23 / 2008   |
|           | Mailing Address 6653 Governor Hunt Rd  |   | <b>Transaction ID:</b> C2608464   |
|           | City Lucama  | State NC  | Zip Code 27851-9415   |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period<br>1000.00   |
|           | Name of Employer<br>Womble, Carlyle<br>Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Attorney<br>Election Cycle-to-Date ▼<br>1100.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|           |  |   |   |
|-----------|--|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jeanette W. Hyde  |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 01 / 2008   |
|           | Mailing Address 2405 Glenwood Avenue   |   | <b>Transaction ID:</b> C2075525   |
|           | City Raleigh   | State NC  | Zip Code 27609  |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period<br>500.00  |
|           | Name of Employer<br>Retired<br>Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Retired<br>Election Cycle-to-Date ▼<br>500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 84  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d                      |    |
| <input type="checkbox"/>            | 12  | <input type="checkbox"/> | 13a | <input type="checkbox"/> | 13b | <input type="checkbox"/> | 14                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Gloria LaVern Jackson

Mailing Address 9801 Millstone Drive

City Hopewell State VA Zip Code 23860

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

Name of Employer: Joint Logistics Managers, Inc. Occupation: President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 08 / 09 / 2008  
**Transaction ID: C2077497**  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Kara Henderson Jefferies

Mailing Address 516 W. Ridgeway Street

City Warrenton State NC Zip Code 27589

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

Name of Employer: Self Employed Occupation: Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 08 / 09 / 2008  
**Transaction ID: C2077468**  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Horace Johnson, Sr.

Mailing Address 36221 Nc Highway 561

City Littleton State NC Zip Code 27850-9079

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

Name of Employer: Retired Farmer Occupation: Retired Farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 30 / 2008  
**Transaction ID: C2597958**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles E. Joyner

Mailing Address 1304 Streetony Point Lane

City Cary State NC Zip Code 27511

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

Name of Employer NC State University Occupation Professor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2008

Transaction ID: C2591050

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 105 Wohler Court

City Cary State NC Zip Code 27513

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

Name of Employer NC Central University School of Law Occupation Law Professor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2008

Transaction ID: C2075502

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 170 S Beckford Drive

City Henderson State NC Zip Code 27536-2584

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

Name of Employer Retired USDA Occupation Retired USDA

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2008

Transaction ID: C2077483

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

**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 20 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |  |                        |   |
|---|--|------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Norman B. Kellum, Jr. |                        | Date of Receipt<br>MM / DD / YYYY<br>08 / 01 / 2008   |
|   | Mailing Address 4809 Trent Woods Drive                           |                        | <b>Transaction ID:</b> C2075524   |
|   | City<br>New Bern   | State<br>NC            | Zip Code<br>28562   |
|   | FEC ID number of contributing federal political committee.<br>C  |                        | Amount of Each Receipt this Period<br>1000.00   |
|   | Name of Employer<br>Kellum Law Firm                              | Occupation<br>Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00                              |                        |   |

|   |   |                        |   |
|---|---|------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>S. Reginald Reginald Kenan |                        | Date of Receipt<br>MM / DD / YYYY<br>07 / 30 / 2008   |
|   | Mailing Address Post Office Box 472                                   |                        | <b>Transaction ID:</b> C2075505   |
|   | City<br>Warsaw  | State<br>NC            | Zip Code<br>28398   |
|   | FEC ID number of contributing federal political committee.<br>C       |                        | Amount of Each Receipt this Period<br>250.00  |
|   | Name of Employer<br>Self Employed                                     | Occupation<br>Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                                    |                        |   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert K. Koger      |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 20 / 2008   |
|   | Mailing Address 1420 Kershaw Drive                              |                                    | <b>Transaction ID:</b> C2591053   |
|   | City<br>Raleigh   | State<br>NC                        | Zip Code<br>27609-6324  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    | Amount of Each Receipt this Period<br>250.00  |
|   | Name of Employer<br>State of North Carolina                     | Occupation<br>Utilities Commission | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                              |                                    |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**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 21 / 84                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |                                    |   |
|--|---|------------------------------------|---|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Henry M. Lancaster, II |                                    | Date of Receipt   |
|  | Mailing Address 2208 Myron Drive                                  |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 8 / 2 2 / 2 0 0 8 |
|  | City  | State                              | Zip Code  |
|  | Raleigh   | NC                                 | 27607   |
|  | FEC ID number of contributing federal political committee.        |                                    | Transaction ID: C2595531  |
|  |   | Amount of Each Receipt this Period | <input type="text"/> 250.00   |
| Name of Employer<br>Lancaster, Craig & Associates  |   | Occupation<br>President            | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             |
| Receipt For: 2008  | Election Cycle-to-Date ▼  | <input type="text"/> 250.00        |   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                    |   |

|  |   |                                    |   |
|--|---|------------------------------------|---|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Claude E. Martin |                                    | Date of Receipt   |
|  | Mailing Address 12213 Fieldmist Drive                       |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 8 / 0 9 / 2 0 0 8 |
|  | City  | State                              | Zip Code  |
|  | Raleigh   | NC                                 | 27614   |
|  | FEC ID number of contributing federal political committee.  |                                    | Transaction ID: C2077496  |
|  |   | Amount of Each Receipt this Period | <input type="text"/> 250.00   |
| Name of Employer Information Requested   |   | Occupation Information Requested   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             |
| Receipt For: 2008  | Election Cycle-to-Date ▼                                    | <input type="text"/> 250.00        |   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                    |   |

|  |  |                                    |   |
|--|--|------------------------------------|---|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>David Grier Martin, III |                                    | Date of Receipt   |
|  | Mailing Address 2203 Byrd Street                                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 8 / 2 0 / 2 0 0 8 |
|  | City   | State                              | Zip Code  |
|  | Raleigh  | NC                                 | 27608   |
|  | FEC ID number of contributing federal political committee.         |                                    | Transaction ID: C2591049  |
|  |  | Amount of Each Receipt this Period | <input type="text"/> 1000.00  |
| Name of Employer Self Employed   |  | Occupation Attorney                | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             |
| Receipt For: 2008  | Election Cycle-to-Date ▼   | <input type="text"/> 1000.00       |   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                    |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

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

|   |  |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 22 / 84</span> |
|   | (check only one)   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b                                     |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a                                     |
| <input type="checkbox"/> 11c  | <input type="checkbox"/> 11d                                     |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14                                      |
| <input type="checkbox"/>  | <input type="checkbox"/> 15                                      |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Robert M. McGlotten</p> <p>Mailing Address 11250 Keokee<br/>10th Floor</p> <p>City State Zip Code<br/>Swan Point MD 20645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>McGlotten &amp; Jarvis Lobbyist</p> <p>Receipt For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>500.00</p> | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>0 9 / 2 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> C2606375</p> <p>Amount of Each Receipt this Period<br/>500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

|  |   |
|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kareem D. Murphy</p> <p>Mailing Address 4 Devon Road</p> <p>City State Zip Code<br/>Silver Spring MD 20910</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>The Ferguson Group Lobbyist</p> <p>Receipt For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>1750.00</p> | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>0 9 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> C2622834</p> <p>Amount of Each Receipt this Period<br/>250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Lewis H. Myers</p> <p>Mailing Address 5119 Shady Bluff Street</p> <p>City State Zip Code<br/>Durham NC 27704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation<br/>Information Requested Information Requested</p> <p>Receipt For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>250.00</p> | <p>Date of Receipt<br/>M M / D D / Y Y Y Y<br/>0 8 / 0 1 / 2 0 0 8</p> <p><b>Transaction ID:</b> C2075521</p> <p>Amount of Each Receipt this Period<br/>250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

|   |                       |
|---|-----------------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p><b>1000.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

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

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

FOR LINE NUMBER: PAGE 23 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Henry N. Patterson, Jr.  
 Mailing Address Post Office Box 2452  
 City State Zip Code  
 Chapel Hill NC 27515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Patterson Harkavy LLP Occupation Attorney  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8  
**Transaction ID: C2072896**  
 Amount of Each Receipt this Period  
 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Franklin C. Phifer, Jr.  
 Mailing Address 3502 Whitehaven Pkwy NW  
 City State Zip Code  
 Washington DC 20007-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hecht, Spencer & Associates, Inc. Occupation Corporate Officer  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8  
**Transaction ID: C2608459**  
 Amount of Each Receipt this Period  
 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Darlene P. Richeson  
 Mailing Address 3211 Eleanors Garden Way  
 City State Zip Code  
 Woodbine MD 21797-7503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Darlene Richeson & Associates Occupation Lobbyist  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **1900.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 0 8  
**Transaction ID: C2597970**  
 Amount of Each Receipt this Period  
 700.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **1450.00**  
**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 24 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann Robertson  
Mailing Address 312 Oakwood Avenue  
City Raleigh State NC Zip Code 27601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 09 / 2008  
Transaction ID: C2077490  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Cathy Crockett Skinner  
Mailing Address 104 Wheeler Drive South  
City Merry Hill State NC Zip Code 27957  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 09 / 20 / 2008  
Transaction ID: C2606377  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Brad T. Thompson  
Mailing Address 300 Merrywood Drive  
City Raleigh State NC Zip Code 27610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brad Thompson & Associates Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt 08 / 09 / 2008  
Transaction ID: C2077480  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 84  
(check only one)

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
|   |                              |                              | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Ali Waheed

Mailing Address 4380 King Street  
Apt. 1204

City Alexandria State VA Zip Code 22302

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 25 / 2008

Transaction ID: C2072903

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Sam Watkins

Mailing Address PO Box 706

City Henderson State NC Zip Code 27536-0706

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

Name of Employer Rose Oil Company Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 09 / 2008

Transaction ID: C2077479

Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
John T. Wertheim, Sr.

Mailing Address 13454 N. 12th Place

City Phoenix State AZ Zip Code 85022

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

Name of Employer Prime Time International Company Occupation Tobacco Manufacturer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 06 / 2008

Transaction ID: C2076215

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 84  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Willie Russell Williams, Sr.  
Mailing Address 4603 St. Georges Drive  
City Wilson State NC Zip Code 27896-9175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NC Central University Occupation Chief of Police  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00  
Date of Receipt 08 / 06 / 2008  
Transaction ID: C2076362  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Amy Wilson  
Mailing Address PO Box 8033  
City Rocky Mount State NC Zip Code 27804-1033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nash-Rocky Mount Schools Occupation Teacher  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 08 / 09 / 2008  
Transaction ID: C2077473  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jerry L. Wordsworth  
Mailing Address PO Box K  
City Rocky Mount State NC Zip Code 27802-4011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MBM Corporation Occupation Chairman, President, and CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 08 / 09 / 2008  
Transaction ID: C2077477  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Steve A. Wordsworth

Mailing Address PO Box 800

City State Zip Code  
Rocky Mount NC 27802-0800

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

Name of Employer Occupation  
MBM Corporaton Chief Financial Officer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2008

**Transaction ID: C2077478**

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Reuben F. Young

Mailing Address 103 Hobblebrook Court

City State Zip Code  
Cary NC 27518-8623

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

Name of Employer Occupation  
State of NC Legal Counsel, Office of the Governor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2008

**Transaction ID: C2606378**

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2250.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 45250.00 |

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

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

FOR LINE NUMBER: PAGE 28 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)  
Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2008

**Transaction ID:** C2600472

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AFLAC  
Mailing Address 1932 WYNNTON ROAD

City State Zip Code  
COLUMBUS GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C2619325

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AIR LINE PILOTS ASSOCIATION PAC  
Mailing Address 1625 Massachusetts Ave. NW  
8th Floor

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2008

**Transaction ID:** C2608480

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 84

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AK STEEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 9227 Centre Pointe Drive

City State Zip Code  
West Chester OH 45069

FEC ID number of contributing federal political committee. **C** C00290973

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: C2072906

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
AMEREN FEDERAL POLITICAL ACTION COMMITTEE (AMERENF)

Mailing Address 607 E. Adams St.  
Mail Code C100

City State Zip Code  
Springfield IL 62739

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2008

Transaction ID: C2608473

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 1050 31st Street N.W.

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2008

Transaction ID: C2608472

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION CO  
 Mailing Address 101 NORTH THIRD STREET  
 City State Zip Code  
 MOORHEAD MN 56560  
 FEC ID number of contributing federal political committee. **C** C00110338  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8  
**Transaction ID:** C2619331  
 Amount of Each Receipt this Period  
 4000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION  
 Mailing Address 1140 CONNECTICUT AVE. NW  
 SUITE 705  
 City State Zip Code  
 WASHINGTON DC 20036  
 FEC ID number of contributing federal political committee. **C** C00295097  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8  
**Transaction ID:** C2072908  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM  
 Mailing Address 1101 VERMONT AVENUE NW  
 12TH FLOOR  
 City State Zip Code  
 WASHINGTON DC 20005  
 FEC ID number of contributing federal political committee. **C** C00000422  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8  
**Transaction ID:** C2606381  
 Amount of Each Receipt this Period  
 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 84

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Mailing Address 13515 YARMOUTH DRIVE

City State Zip Code  
PICKERINGTON OH 43147

FEC ID number of contributing federal political committee. **C** C00120238

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2622840

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATR

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2613960

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
ARCELORMITTAL USA GOOD GOVERNMENT COMMITTEE

Mailing Address 1808 EYE STREET NW FIFTH FLOOR

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00104109

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: C2072909

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 84

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AUTOMOTIVE RECYCLERS ASSOCIATION

Mailing Address 3975 FAIR RIDGE DRIVE SUITE T-20 N

City State Zip Code  
FAIRFAX VA 22033

FEC ID number of contributing federal political committee. **C** C00401125

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2619322

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA EMPLO

Mailing Address P.O. Box 2291

City State Zip Code  
Durham NC 27702-2291

FEC ID number of contributing federal political committee. **C** C00312223

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2008

Transaction ID: C2606372

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL A

Mailing Address 1201 15TH STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 12 / 2008

Transaction ID: C2078210

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 84  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITE

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 09 / 10 / 2008  
**Transaction ID:** C2600473

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** C2619329

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COT

Mailing Address 139 Prominence Court  
Ste. 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 30 / 2008  
**Transaction ID:** C2597978

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (

Mailing Address 100 INDIANA AVE. N. W.

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2619328

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATIO

Mailing Address P O BOX 909700

City State Zip Code  
KANSAS CITY MO 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2619328

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DOMINION POLITICAL ACTION COMMITTEE

Mailing Address ONE JAMES RIVER PLAZA 20TH FLOOR  
P.O. BOX 26666

City State Zip Code  
RICHMOND VA 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2613942

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 84  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUC

Mailing Address 25 Louisiana Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C2613933  
Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 5 Sylvan Way  
SUITE 500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C2619330  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
EMBARQ CORPORATION EMPLOYEES' POLITICAL ACTION COM

Mailing Address 150 Fayetteville Street Mall  
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C2619324  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 84  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
General Electric Company Political Action Committee

Mailing Address 1299 Pennsylvania Ave., NW  
Suite 1100 West

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 09 / 23 / 2008  
**Transaction ID:** C2608474  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION CO

Mailing Address 4800 FASHION SQUARE BLVD  
#485 PLAZA NORTH

City SAGINAW State MI Zip Code 48604

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** C2613939  
Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
GROCERY MANUFACTURERS ASSOCIATION POLITICAL ACTION

Mailing Address 2401 Pennsylvania Avenue NW  
Second Floor

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** C2629185  
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
KELLEY DRYE COLLIER SHANNON POLITICAL ACTION COMMI

Mailing Address 3050 K STREET NW SUITE 400

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 25 / 2008

**Transaction ID:** C2072905

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Mailing Address 714 GREEN VALLEY ROAD

City State Zip Code  
GREENSBORO NC 27408

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2008

**Transaction ID:** C2591051

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMM

Mailing Address 7525 RED RIVER ROAD

City State Zip Code  
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2008

**Transaction ID:** C2613953

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8

**Transaction ID:** C2606370

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1015 FIFTEENTH STREET NW  
STE 930

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** C2609093

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLI

Mailing Address 2500 LOWELL ROAD

City State Zip Code  
GASTONIA NC 28054

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 2 5 / 2 0 0 8

**Transaction ID:** C2072904

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL PEST CONTROL ASSOCIATION POLITICAL ACTION

Mailing Address 9300 Lee Highway  
Suite 301

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C** C00083915

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** C2608467

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL PEST CONTROL ASSOCIATION POLITICAL ACTION

Mailing Address 9300 Lee Highway  
Suite 301

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C** C00083915

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2613928

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITI

Mailing Address 1630 Duke Street  
4th Floor

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2622846

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONWIDE POLITICAL PARTICIPATION COMMITTEE  
Mailing Address One Nationwide Plaza

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** C2622836  
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NORTH CAROLINA COTTON PRODUCERS ASSOCIATION COMMIT  
Mailing Address PO Box 656

City Nashville State NC Zip Code 27856-0656

FEC ID number of contributing federal political committee. **C** C00416297

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 30 / 2008  
**Transaction ID:** C2597982  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT  
Mailing Address PO Box 27766

City Raleigh State NC Zip Code 27611

FEC ID number of contributing federal political committee. **C** C00216754

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 08 / 09 / 2008  
**Transaction ID:** C2077476  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2100 Rexford Road

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 0 / 2 0 0 8

**Transaction ID:** C2591099

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 235 East 42nd Street  
28th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 1 5 / 2 0 0 8

**Transaction ID:** C2071111

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1101 SKOKIE BOULEVARD SUITE 400

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C** C00385039

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2619323

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 84

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW  
Suite 700W

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2008

Transaction ID: C2609096

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW  
Suite 700W

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2619327

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
PROGRESS ENERGY EMPLOYEES' FEDERAL PAC

Mailing Address PO Box 1510

City State Zip Code  
Raleigh NC 27602

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2613930

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

5000.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS IN

Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8

**Transaction ID:** C2606374

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
SMITHKLINE BEECHAM CORPORATION PAC

Mailing Address Five Moore Drive  
P.O. Box 13358

City State Zip Code  
Res. Triangle Park NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** C2613958

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERI

Mailing Address 11495 Sunset Hills Road  
Suite 215

City State Zip Code  
RESTON VA 20190

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 1 5 / 2 0 0 8

**Transaction ID:** C2071112

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 84

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

Full Name (Last, First, Middle Initial)  
SUDDENLINK PAC

Mailing Address 12444 POWERSCOURT DRIVE SUITE 420

City State Zip Code  
ST LOUIS MO 63131

FEC ID number of contributing federal political committee. **C** C00426601

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C2613951

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
TREA SENIOR CITIZENS LEAGUE INC POLITICAL ACTION C

Mailing Address 909 N WASHINGTON STREET SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00327064

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2008

Transaction ID: C2608468

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2008

Transaction ID: C2071113

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROG)  
Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** C2608477

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UNITED STATES STEEL CORPORATION PAC  
Mailing Address 600 Grant Street  
Room 685

City State Zip Code  
Pittsburgh PA 15219

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 0 / 2 0 0 8

**Transaction ID:** C2591097

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE  
Mailing Address 1200 West 49th Street

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 3 / 2 0 0 8

**Transaction ID:** C2609094

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 84  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M Street Suite 1100 NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 0 1 / 2 0 0 8

**Transaction ID:** C2075522

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WACHOVIA CORPORATION EMPLOYEES GOOD GOVERNMENT FED

Mailing Address 301 South College Street  
P.O. Box 2554

City State Zip Code  
Charlotte NC 28288

FEC ID number of contributing federal political committee. **C** C00077024

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8

**Transaction ID:** C2606371

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8th Street

City State Zip Code  
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 0 / 2 0 0 8

**Transaction ID:** C2606373

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

|   |  |   |                              |                             |
|---|--|---|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 47 / 84</span> |   |                              |                             |
|   | (check only one)   |   |                              |                             |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b                                     | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a                                     | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLIT   |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 23 / 2008   |
| Mailing Address 805 FIFTEENTH ST NW SUITE 430   |                                     | <b>Transaction ID:</b> C2609095   |
| City<br>WASHINGTON  | State<br>DC                         | Zip Code<br>20005   |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00147173  |                                     | Amount of Each Receipt this Period<br>2000.00   |
| Name of Employer  | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>WOMBLE CARLYLE SANDRIDGE AND RICE PLLC POLITICAL A   |                                     | Date of Receipt<br>MM / DD / YYYY<br>08 / 09 / 2008   |
| Mailing Address ONE WEST FOURTH STREET  |                                     | <b>Transaction ID:</b> C2077474   |
| City<br>WINSTON-SALEM   | State<br>NC                         | Zip Code<br>27101   |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00417386  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer  | Occupation                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 3000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 82500.00 |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
264 Exxon

Mailing Address PO Box 4283

City Wilson State NC Zip Code 27893

Purpose of Disbursement  
Automobile Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172131

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
264 Exxon

Mailing Address PO Box 4283

City Wilson State NC Zip Code 27893

Purpose of Disbursement  
Automobile Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172195

Date of Disbursement

09 / 27 / 2008

Amount of Each Disbursement this Period

84.46

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Shelton Barnes

Mailing Address 1700 Centre Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172192

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

314.46

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Barrett's Printing House, Inc.<br>Mailing Address PO Box 305<br>City Wilson State NC Zip Code 27894<br>Purpose of Disbursement Printing and Reproduction<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172074<br>Date of Disbursement<br>07 / 04 / 2008<br>Amount of Each Disbursement this Period<br>368.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>Barrett's Printing House, Inc.<br>Mailing Address PO Box 305<br>City Wilson State NC Zip Code 27894<br>Purpose of Disbursement Printing and Reproduction<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172075<br>Date of Disbursement<br>07 / 04 / 2008<br>Amount of Each Disbursement this Period<br>198.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Barrett's Printing House, Inc.<br>Mailing Address PO Box 305<br>City Wilson State NC Zip Code 27894<br>Purpose of Disbursement Printing and Reproduction<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172076<br>Date of Disbursement<br>07 / 04 / 2008<br>Amount of Each Disbursement this Period<br>38.21<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 604.21      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bill's Barbecue</p> <p>Mailing Address Downing Street Ext.</p> <p>City Wilson State NC Zip Code 27893</p> <p>Purpose of Disbursement<br/>Dinner Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> D172136</p> <p>Date of Disbursement<br/>08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period<br/>907.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bill's Barbecue</p> <p>Mailing Address Downing Street Ext.</p> <p>City Wilson State NC Zip Code 27893</p> <p>Purpose of Disbursement<br/>Dinner Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> D172130</p> <p>Date of Disbursement<br/>08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period<br/>8.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Ms. Dollie Burwell</p> <p>Mailing Address P.O. Box 254</p> <p>City Warrenton State NC Zip Code 27589</p> <p>Purpose of Disbursement<br/>Travel &amp; Ent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172163</p> <p>Date of Disbursement<br/>09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>541.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

1458.04

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Christ Temple of Praise   | Transaction ID: D172160<br>Date of Disbursement<br>09 / 01 / 2008  |
|    | Mailing Address PO Box 7621  | Amount of Each Disbursement this Period<br>200.00  |
|    | City Wilson State NC Zip Code 27893  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Rent<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Christ Temple of Praise   | Transaction ID: D172110<br>Date of Disbursement<br>08 / 01 / 2008  |
|    | Mailing Address PO Box 7621  | Amount of Each Disbursement this Period<br>200.00  |
|    | City Wilson State NC Zip Code 27893  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Rent<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Christ Temple of Praise   | Transaction ID: D172070<br>Date of Disbursement<br>07 / 01 / 2008  |
|    | Mailing Address PO Box 7621  | Amount of Each Disbursement this Period<br>200.00  |
|    | City Wilson State NC Zip Code 27893  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Rent<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 600.00 |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Comcast</p> <p>Mailing Address 2001 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement<br/>Telephone<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172073</p> <p>Date of Disbursement<br/>07 / 04 / 2008</p> <p>Amount of Each Disbursement this Period<br/>46.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Comcast</p> <p>Mailing Address 2001 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement<br/>Telephone<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172114</p> <p>Date of Disbursement<br/>08 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>45.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Comcast</p> <p>Mailing Address 2001 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement<br/>Telephone<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172161</p> <p>Date of Disbursement<br/>09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>45.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

138.28

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Daniel T. Blue, Jr.</p> <p>Mailing Address 4917 Long Point Drive</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Building Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> D172081</p> <p>Date of Disbursement<br/>07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period<br/>200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Daniel T. Blue, Jr.</p> <p>Mailing Address 4917 Long Point Drive</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Administrative</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> D172082</p> <p>Date of Disbursement<br/>07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period<br/>150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Distribution Center</p> <p>Mailing Address 9600 Strickland Road #110</p> <p>City Raleigh State NC Zip Code 27615</p> <p>Purpose of Disbursement Administrative</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172194</p> <p>Date of Disbursement<br/>09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period<br/>417.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

767.86

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Doubletree Hotel Denver Tech Center

Mailing Address 7801 East Orchard Rd

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
Travel & Ent

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D172165  
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

1574.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Doubletree Hotel Denver Tech Center

Mailing Address 7801 East Orchard Rd

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
Travel & Ent

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D172166  
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

931.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Doubletree Hotel Denver Tech Center

Mailing Address 7801 East Orchard Rd

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
Travel & Ent

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D172154  
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

439.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2945.51

TOTAL 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 55 / 84

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Doubletree Hotel Denver Tech Center</p> <p>Mailing Address 7801 East Orchard Rd</p> <p>City Greenwood Village State CO Zip Code 80111</p> <p>Purpose of Disbursement<br/>Travel &amp; Ent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172157</p> <p>Date of Disbursement<br/>08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period<br/>439.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>EFAQ</p> <p>Mailing Address 6922 Hollywood Blvd. 5th floor</p> <p>City Los Angeles State CA Zip Code 90028</p> <p>Purpose of Disbursement<br/>Printing and Reproduction</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> D172138</p> <p>Date of Disbursement<br/>08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period<br/>33.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>EFAQ</p> <p>Mailing Address 6922 Hollywood Blvd. 5th floor</p> <p>City Los Angeles State CA Zip Code 90028</p> <p>Purpose of Disbursement<br/>Printing and Reproduction</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> D172090</p> <p>Date of Disbursement<br/>07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>33.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>506.99</b> |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
EFAF

Mailing Address 6922 Hollywood Blvd. 5th floor

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement  
Printing and Reproduction

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172177  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

33.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Embarq Communications, Inc.

Mailing Address PO Box 219100

City Kansas City State MO Zip Code 64121-9100

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172113  
Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

119.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Embarq

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172162  
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

123.54

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

276.48

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Exxon Mobil</p> <p>Mailing Address PO Box 4555</p> <p>City CRLSTRM State IL Zip Code 60197-4555</p> <p>Purpose of Disbursement<br/>Automobile Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172182</p> <p>Date of Disbursement<br/>09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period<br/>158.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Exxon Mobil</p> <p>Mailing Address PO Box 4555</p> <p>City CRLSTRM State IL Zip Code 60197-4555</p> <p>Purpose of Disbursement<br/>Automobile Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172187</p> <p>Date of Disbursement<br/>09 / 20 / 2008</p> <p>Amount of Each Disbursement this Period<br/>158.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Exxon Mobil</p> <p>Mailing Address PO Box 4555</p> <p>City CRLSTRM State IL Zip Code 60197-4555</p> <p>Purpose of Disbursement<br/>Automobile Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172115</p> <p>Date of Disbursement<br/>08 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>274.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

592.30

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Exxon Mobil   | Transaction ID: D172077<br>Date of Disbursement<br>07 / 04 / 2008  |
|    | Mailing Address PO Box 4555  | Amount of Each Disbursement this Period<br>147.12  |
|    | City CRLSTRM State IL Zip Code 60197-4555  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Automobile Expense<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Farm Fresh  | Transaction ID: D172134<br>Date of Disbursement<br>08 / 11 / 2008  |
|    | Mailing Address 2800 Raleigh Road  | Amount of Each Disbursement this Period<br>6.69  |
|    | City Wilson State NC Zip Code 21896  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Administrative<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Farm Fresh  | Transaction ID: D172121<br>Date of Disbursement<br>08 / 07 / 2008  |
|    | Mailing Address 2800 Raleigh Road  | Amount of Each Disbursement this Period<br>195.23  |
|    | City Wilson State NC Zip Code 21896  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Administrative<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>349.04</b> |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Farm Fresh  | Transaction ID: D172126<br>Date of Disbursement<br>08 / 11 / 2008  |
|    | Mailing Address 2800 Raleigh Road  | Amount of Each Disbursement this Period<br>36.94   |
|    | City Wilson State NC Zip Code 21896  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Administrative<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Farm Fresh  | Transaction ID: D172128<br>Date of Disbursement<br>08 / 11 / 2008  |
|    | Mailing Address 2800 Raleigh Road  | Amount of Each Disbursement this Period<br>53.05   |
|    | City Wilson State NC Zip Code 21896  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Administrative<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>FedEx   | Transaction ID: D172094<br>Date of Disbursement<br>07 / 15 / 2008  |
|    | Mailing Address Room 6-106   | Amount of Each Disbursement this Period<br>39.49   |
|    | City San Marcos State CA Zip Code 92096  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Postage and Delivery<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>129.48</b> |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Grand Hyatt

Mailing Address 1000 H Street

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel & Ent

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: D172197

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1191.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Grand Hyatt

Mailing Address 1000 H Street

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel & Ent

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: D172198

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

561.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Grand Hyatt

Mailing Address 1000 H Street

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel & Ent

Candidate Name

Category/Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: D172199

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

3.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1756.25

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Hertz Rent-A-Car<br>Mailing Address 2560 Rental Road<br>City Memphis State TN Zip Code 38118<br>Purpose of Disbursement Travel & Ent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: D172171<br>Date of Disbursement<br>09 / 08 / 2008<br>Amount of Each Disbursement this Period<br>96.97<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>House Gift Shop<br>Mailing Address Longworth Building<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement Contributions<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172083<br>Date of Disbursement<br>07 / 10 / 2008<br>Amount of Each Disbursement this Period<br>160.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>House Gift Shop<br>Mailing Address Longworth Building<br>City Washington State DC Zip Code 20515<br>Purpose of Disbursement Contributions<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172132<br>Date of Disbursement<br>08 / 11 / 2008<br>Amount of Each Disbursement this Period<br>35.94<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

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

293.11

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>House Gift Shop<br><br>Mailing Address Longworth Building<br><br>City Washington State DC Zip Code 20515<br><br>Purpose of Disbursement Contributions<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D172133<br>Date of Disbursement<br>08 / 11 / 2008<br><br>Amount of Each Disbursement this Period<br>222.60<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Intuit<br><br>Mailing Address 2632 Marine Way<br><br>City Mountain View State CA Zip Code 94043<br><br>Purpose of Disbursement Office Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> D172102<br>Date of Disbursement<br>07 / 24 / 2008<br><br>Amount of Each Disbursement this Period<br>410.88<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kathy Knight<br><br>Mailing Address PO Box 97<br><br>City Tillery State NC Zip Code 27887<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | <b>Transaction ID:</b> D172096<br>Date of Disbursement<br>07 / 19 / 2008<br><br>Amount of Each Disbursement this Period<br>500.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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

**1133.48**

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Kieloch Consulting

Transaction ID: D172069  
Date of Disbursement

Mailing Address Bruce Kieloch  
301 4th St NE

/   /

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Media

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Kieloch Consulting

Transaction ID: D172111  
Date of Disbursement

Mailing Address Bruce Kieloch  
301 4th St NE

/   /

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Media

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Kieloch Consulting

Transaction ID: D172159  
Date of Disbursement

Mailing Address Bruce Kieloch  
301 4th St NE

/   /

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Media

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

TOTAL 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 64 / 84

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Kingsmill Resort  | Transaction ID: D172178<br>Date of Disbursement<br>09 / 15 / 2008  |
|    | Mailing Address 1010 Kingsmill Rd  | Amount of Each Disbursement this Period<br>2000.00   |
|    | City Williamsburg State VA Zip Code 23185  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Administrative<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Leonard CPA, PLLC   | Transaction ID: D172112<br>Date of Disbursement<br>08 / 01 / 2008  |
|    | Mailing Address 4481 Louisburg Rd Suite 121  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Raleigh State NC Zip Code 27616   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Accounting<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Leonard CPA, PLLC   | Transaction ID: D172158<br>Date of Disbursement<br>09 / 01 / 2008  |
|    | Mailing Address 4481 Louisburg Rd Suite 121  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Raleigh State NC Zip Code 27616   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Accounting<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00 |
| <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 65 / 84

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Leonard CPA, PLLC   | Transaction ID: D172071<br>Date of Disbursement<br>07 / 01 / 2008  |
|    | Mailing Address 4481 Louisburg Rd Suite 121  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Raleigh State NC Zip Code 27616   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Accounting<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Madison Florist   | Transaction ID: D172185<br>Date of Disbursement<br>09 / 18 / 2008  |
|    | Mailing Address 3710 Peppermill Drive North Suite  | Amount of Each Disbursement this Period<br>88.40   |
|    | City Wilson State NC Zip Code 27896  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Contributions<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Monocle Restaurant  | Transaction ID: D172101<br>Date of Disbursement<br>07 / 24 / 2008  |
|    | Mailing Address 107 D Street, NE   | Amount of Each Disbursement this Period<br>403.50  |
|    | City Washington State DC Zip Code 20002  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Dinner Expense<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1491.90 |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D172091<br>Date of Disbursement  |
|    | Mailing Address 30 Ivy Street SE   | <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>                    |
|    | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Dues and Subscriptions   | <input type="text" value="275.00"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D172092<br>Date of Disbursement  |
|    | Mailing Address 30 Ivy Street SE   | <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>                    |
|    | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Meals  | <input type="text" value="417.36"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D172135<br>Date of Disbursement  |
|    | Mailing Address 30 Ivy Street SE   | <input type="text" value="08"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/>                    |
|    | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Entertainment  | <input type="text" value="552.58"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1244.94"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>National Democratic Club<br><br>Mailing Address 30 Ivy Street SE<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement Entertainment<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | <b>Transaction ID:</b> D172172<br>Date of Disbursement<br>09 / 09 / 2008<br><br>Amount of Each Disbursement this Period<br>51.51<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>News Argus<br><br>Mailing Address 310 N. Berkeley Blvd.<br><br>City Goldsboro State NC Zip Code 27534<br><br>Purpose of Disbursement Advertising<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | <b>Transaction ID:</b> D172184<br>Date of Disbursement<br>09 / 18 / 2008<br><br>Amount of Each Disbursement this Period<br>650.77<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>NGP Software, Inc.<br><br>Mailing Address 5505 Connecticut Avenue NW PMB 277<br><br>City Washington State DC Zip Code 20015<br><br>Purpose of Disbursement Software Rental<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D172093<br>Date of Disbursement<br>07 / 15 / 2008<br><br>Amount of Each Disbursement this Period<br>1500.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2202.28</b> |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172098  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|        |
|--------|
| 117.00 |
|--------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172085  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|        |
|--------|
| 338.50 |
|--------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172086  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 1 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|        |
|--------|
| 338.50 |
|--------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

|        |
|--------|
| 794.00 |
|--------|

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

|  |
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|  |
|--|

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Northwest Airlines<br><br>Mailing Address 601 Iron Drive<br><br>City Chisholm State MN Zip Code 55719<br><br>Purpose of Disbursement<br>Travel & Ent<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172087<br>Date of Disbursement<br>07 / 11 / 2008<br><br>Amount of Each Disbursement this Period<br>338.50<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Northwest Airlines<br><br>Mailing Address 601 Iron Drive<br><br>City Chisholm State MN Zip Code 55719<br><br>Purpose of Disbursement<br>Travel & Ent<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172088<br>Date of Disbursement<br>07 / 11 / 2008<br><br>Amount of Each Disbursement this Period<br>338.50<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Northwest Airlines<br><br>Mailing Address 601 Iron Drive<br><br>City Chisholm State MN Zip Code 55719<br><br>Purpose of Disbursement<br>Travel & Ent<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172089<br>Date of Disbursement<br>07 / 11 / 2008<br><br>Amount of Each Disbursement this Period<br>20.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 697.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172145  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 8 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|       |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

|  |
|--|
|  |
|--|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172146  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 9 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

|  |
|--|
|  |
|--|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Transaction ID: D172147  
Date of Disbursement

Mailing Address 601 Iron Drive

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 9 |   | 2 | 0 | 0 | 8 |

City Chisholm State MN Zip Code 55719

Amount of Each Disbursement this Period

|       |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement  
Travel & Ent

|  |
|--|
|  |
|--|

Candidate Name

|  |
|--|
|  |
|--|

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

|       |
|-------|
| 65.00 |
|-------|

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Office Depot<br>Mailing Address 131 South Wesleyan Blvd.<br>City Rocky Mount State NC Zip Code 27804<br>Purpose of Disbursement Office Supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172140<br>Date of Disbursement<br>08 / 13 / 2008<br>Amount of Each Disbursement this Period<br>50.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Office Depot<br>Mailing Address 131 South Wesleyan Blvd.<br>City Rocky Mount State NC Zip Code 27804<br>Purpose of Disbursement Office Supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172080<br>Date of Disbursement<br>07 / 07 / 2008<br>Amount of Each Disbursement this Period<br>183.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Outback #3453<br>Mailing Address 210 Gateway Blvd<br>City Rocky mount State NC Zip Code 27804<br>Purpose of Disbursement Meals<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: D172079<br>Date of Disbursement<br>07 / 07 / 2008<br>Amount of Each Disbursement this Period<br>63.34<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

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

297.26

**TOTAL** 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Outback #3453<br><hr/> Mailing Address 210 Gateway Blvd<br><hr/> City Rocky mount State NC Zip Code 27804<br><hr/> Purpose of Disbursement<br>Meals<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172122<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 7 / 2 0 0 8       |
|   | Amount of Each Disbursement this Period<br>35.39  |
|   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|   | Category/Type   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Outback #3453<br><hr/> Mailing Address 210 Gateway Blvd<br><hr/> City Rocky mount State NC Zip Code 27804<br><hr/> Purpose of Disbursement<br>Meals<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172123<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 7 / 2 0 0 8       |
|   | Amount of Each Disbursement this Period<br>72.89  |
|   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|   | Category/Type   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Outback #3453<br><hr/> Mailing Address 210 Gateway Blvd<br><hr/> City Rocky mount State NC Zip Code 27804<br><hr/> Purpose of Disbursement<br>Meals<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D172183<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 7 / 2 0 0 8       |
|   | Amount of Each Disbursement this Period<br>29.76  |
|   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|   | Category/Type   |

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

138.04

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Pitney Bowes</p> <p>Mailing Address 430 New Karner Road</p> <p>City Colonie State NY Zip Code 12205-3854</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172176</p> <p>Date of Disbursement<br/>09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period<br/>172.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Pitney Bowes</p> <p>Mailing Address 430 New Karner Road</p> <p>City Colonie State NY Zip Code 12205-3854</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172181</p> <p>Date of Disbursement<br/>09 / 16 / 2008</p> <p>Amount of Each Disbursement this Period<br/>32.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Pitney Bowes</p> <p>Mailing Address 430 New Karner Road</p> <p>City Colonie State NY Zip Code 12205-3854</p> <p>Purpose of Disbursement Postage and Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172142</p> <p>Date of Disbursement<br/>08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period<br/>47.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

252.45

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Pitney Bowes

Mailing Address 430 New Karner Road

City State Zip Code  
Colonie NY 12205-3854

Purpose of Disbursement  
Postage and Delivery  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D172095  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|       |
|-------|
| 47.99 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Pitney Bowes

Mailing Address 430 New Karner Road

City State Zip Code  
Colonie NY 12205-3854

Purpose of Disbursement  
Postage and Delivery  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D172099  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Pitney Bowes

Mailing Address 430 New Karner Road

City State Zip Code  
Colonie NY 12205-3854

Purpose of Disbursement  
Postage and Delivery  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D172100  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

647.99

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Sonoma Restaurant</p> <p>Mailing Address 223 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Dinner Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172193</p> <p>Date of Disbursement<br/>09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1662.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Trackvia, Inc.</p> <p>Mailing Address 1746 Cole Blvd. Ste. 225</p> <p>City Lakewood State CO Zip Code 80401</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> D172151</p> <p>Date of Disbursement<br/>08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period<br/>238.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22227</p> <p>Purpose of Disbursement Travel &amp; Ent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D172152</p> <p>Date of Disbursement<br/>08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period<br/>249.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

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

2150.30

**TOTAL** 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>US Airways<br>Mailing Address 2345 Crystal Drive<br>City Arlington State VA Zip Code 22227<br>Purpose of Disbursement Travel & Ent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> D172153<br>Date of Disbursement<br>08 / 20 / 2008<br>Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Verando Hotel<br>Mailing Address 13615 Old Hwy. 61 N.<br>City Robinsonville State MS Zip Code 38664<br>Purpose of Disbursement Travel & Ent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D172148<br>Date of Disbursement<br>08 / 19 / 2008<br>Amount of Each Disbursement this Period<br>25.89<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Verando Hotel<br>Mailing Address 13615 Old Hwy. 61 N.<br>City Robinsonville State MS Zip Code 38664<br>Purpose of Disbursement Travel & Ent<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> D172149<br>Date of Disbursement<br>08 / 19 / 2008<br>Amount of Each Disbursement this Period<br>293.70<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>344.59</b> |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Verando Hotel   | Transaction ID: D172150<br>Date of Disbursement<br>08 / 19 / 2008  |
|    | Mailing Address 13615 Old Hwy. 61 N.   | Amount of Each Disbursement this Period<br>293.70  |
|    | City Robinsonville State MS Zip Code 38664   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Travel & Ent<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Verizon   | Transaction ID: D172156<br>Date of Disbursement<br>08 / 22 / 2008  |
|    | Mailing Address PO Box 17577   | Amount of Each Disbursement this Period<br>70.71   |
|    | City Baltimore State MD Zip Code 21297   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Verizon   | Transaction ID: D172106<br>Date of Disbursement<br>07 / 27 / 2008  |
|    | Mailing Address PO Box 17577   | Amount of Each Disbursement this Period<br>86.06   |
|    | City Baltimore State MD Zip Code 21297   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement Telephone<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>450.47</b> |
| <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 78 / 84

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/>            | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: D172072

Date of Disbursement

Mailing Address PO Box 17577

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 4 |   | 2 | 0 | 0 | 8 |

City Baltimore State MD Zip Code 21297

Amount of Each Disbursement this Period

|       |
|-------|
| 72.99 |
|-------|

Purpose of Disbursement  
Telephone

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

72.99

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

35714.70

# 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)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Comm. to Elect Carolyn J. Yancey

Mailing Address P. O. Box 1482

City Henderson State NC Zip Code 27536

Purpose of Disbursement  
Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** D172191

Date of Disbursement

09 / 20 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Comm. to Elect Teresa Robinson Freeman

Mailing Address c/o Ernest L. Barner, Treas. PO Bo

City Halifax State NC Zip Code 27839

Purpose of Disbursement  
Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** D172190

Date of Disbursement

09 / 20 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Donnie Hoover

Mailing Address PO Box 31503

City Charlotte State NC Zip Code 28231

Purpose of Disbursement  
Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** D172119

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1250.00

**TOTAL** 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)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Committee to Elect Greg Thompson  | Transaction ID: D172169<br>Date of Disbursement  |
|    | Mailing Address PO Box 610   | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>  |
|    | City Raeford State NC Zip Code 28376   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contributions  | <input type="text" value="500.00"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Committee to Elect S. Quon Bridges  | Transaction ID: D172137<br>Date of Disbursement  |
|    | Mailing Address 4155 Shock Overton Road  | <input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>  |
|    | City Oxford State NC Zip Code 27565  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contributions  | <input type="text" value="500.00"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Committee to Elect William J. Jefferson   | Transaction ID: D172189<br>Date of Disbursement  |
|    | Mailing Address 1723 Valmont Street  | <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>  |
|    | City New Orleans State LA Zip Code 70115   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contributions  | <input type="text" value="500.00"/>  |
|    | Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |



**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)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>COMMITTEE TO RE-ELECT ED TOWNS</b></p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement<br/>Contributions</p> <p>Candidate Name<br/>Ed Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: NY District: 10</p>   | <p><b>Transaction ID:</b> D172104</p> <p>Date of Disbursement<br/>07 / 26 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>Democratic Congressional Campaign Comm.</b></p> <p>Mailing Address 430 South Capitol Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172143</p> <p>Date of Disbursement<br/>08 / 17 / 2008</p> <p>Amount of Each Disbursement this Period<br/>50000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>Democratic Congressional Campaign Comm.</b></p> <p>Mailing Address 430 South Capitol Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D172188</p> <p>Date of Disbursement<br/>09 / 20 / 2008</p> <p>Amount of Each Disbursement this Period<br/>50000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>101000.00</b> |
| <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)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

**A.** Full Name (Last, First, Middle Initial)  
Northampton County Branch NAACP

Mailing Address PO Box 2

City Seaboard State NC Zip Code 27876

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172117  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 6 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Pitt County Democratic Party

Mailing Address PO Box 1822

City Greenville State NC Zip Code 27835-1822

Purpose of Disbursement  
Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172144  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 1104 Downing Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement  
Contributions

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172109  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 8 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 300.00 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 1050.00 |
|---------|

**TOTAL** 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 84 / 84

|                          |     |                          |     |                          |     |                                     |     |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <input type="checkbox"/> | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/>            | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input checked="" type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)  
Winston Salem State Univ. National Alumni

Mailing Address 601 S. Martin Luther King Jr. Driv

City State Zip Code  
Winston-Salem NC 27110

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172186

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

**500.00**

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

**107300.00**