

A. Form/Schedule : **F3A**

Transaction ID :

Report amended to update First National Bank loan interest rate and due date. Schedule B includes all required additional memo entries for reimbursements. All other reimbursements do not meet the \$200.00 per vendor threshold; therefore no further itemization is necessary. Please note that we have net debt outstanding for the following elections: General 2008.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCHENRY FOR CONGRESS

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	111971.00	477547.76
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111971.00	477547.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70759.69	369115.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3383.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70759.69	365732.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	149382.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	150000.00	

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
MCHENRY FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	41150.00	178677.20
(i) Itemized (use Schedule A).....	7488.00	28952.08
(ii) Unitemized.....	48638.00	207629.28
(iii) TOTAL of contributions from individuals..... ▶	0.00	80.00
(b) Political Party Committees.....	63333.00	269838.48
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	111971.00	477547.76
(e) TOTAL CONTRIBUTIONS (other than loans) (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 (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	3383.75
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	111971.00	480931.51

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70759.69	369115.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	50000.00	115500.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	50000.00	115500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	100.00	2800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	120859.69	487415.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	158271.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	111971.00
25. SUBTOTAL (add Line 23 and Line 24).....	270242.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	120859.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	149382.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AFLAC Inc. Political Action Committee
Mailing Address 1932 Wynnton Rd
City Columbus State GA Zip Code 31999-0001
FEC ID number of contributing federal political committee. **C** C00034157
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 11 / 02 / 2009
Transaction ID: 00131.C9988
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Americas Foundation PAC
Mailing Address 100 Front Street, Suite 1440
City Conshohocken State PA Zip Code 19428
FEC ID number of contributing federal political committee. **C** C00305797
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 12 / 2009
Transaction ID: 00131.C10017
Amount of Each Receipt this Period 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
American College of Radiology Assn. PAC
Mailing Address 1891 Preston White Dr
City Reston State VA Zip Code 20191-4375
FEC ID number of contributing federal political committee. **C** C00343459
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 12 / 16 / 2009
Transaction ID: 00131.C10136
Amount of Each Receipt this Period 1000.00
Receipt

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 7 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American College of Radiology Assn. PAC
Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10127
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
American College of Radiology Assn. PAC
Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10128
 Amount of Each Receipt this Period: 2500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Capital One Financial Corp. Assn. PAC
Mailing Address 1680 Capital One Dr # 19050-1201

City McLean State VA Zip Code 22102-3406

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 00131.C9983
 Amount of Each Receipt this Period: 1000.00
 Receipt

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 8 / 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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Capital One Financial Corp. Assn. PAC	Date of Receipt
	Mailing Address 1680 Capital One Dr # 19050-1201	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code McLean VA 22102-3406	Transaction ID: 00131.C10065
	FEC ID number of contributing federal political committee. <input type="text" value="C000326595"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="3000.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Citigroup Inc. PAC	Date of Receipt
	Mailing Address 1101 Pennsylvania Ave NW Ste 1000	<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City State Zip Code Washington DC 20004-2524	Transaction ID: 00131.C10115
	FEC ID number of contributing federal political committee. <input type="text" value="C00008474"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Comcast Corporation PAC	Date of Receipt
	Mailing Address 1701 JFK Boulevard	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code Philadelphia PA 19103-2838	Transaction ID: 00131.C10103
	FEC ID number of contributing federal political committee. <input type="text" value="C000248716"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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: PAGE 9 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Commercial Mortgage Securites Assoc. PAC

Mailing Address 30 Broad St Fl 28
28th Floor

City State Zip Code
New York NY 10004-2956

FEC ID number of contributing federal political committee. **C** C00411173

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 9

Transaction ID: 00131.C10126

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address Mutual of Omaha Plaza

City State Zip Code
Omaha NE 68175

FEC ID number of contributing federal political committee. **C** C00103572

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 00131.C9980

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2420.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 9

Transaction ID: 00131.C10101

Amount of Each Receipt this Period
414.85

In-kind

SUBTOTAL of Receipts This Page (optional) ► 1914.85

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2838.48

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 9

Transaction ID: 00131.C10108

Amount of Each Receipt this Period
418.15

In-kind

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue Nw
South Building Suite 600b

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 00131.C9979

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Duke Energy Corporation PAC

Mailing Address 422 South Church Street, PBO5D

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10093

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2418.15**

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 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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Farm Credit Council PAC	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 50 F St NW Ste 900	Transaction ID: 00131.C10147
	City State Zip Code Washington DC 20001-1530	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00193631	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) General Electric Company PAC	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 1299 Pennsylvania Ave NW Ste 1100	Transaction ID: 00131.C9975
	City State Zip Code Washington DC 20004-2414	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00024869	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) ICI Pac	Date of Receipt MM / DD / YYYY 11 / 12 / 2009
	Mailing Address 1401 H St NW # 1200	Transaction ID: 00131.C10016
	City State Zip Code Washington DC 20005-2110	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00105981	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00	

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 12 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) International Council of Shopping Center		Date of Receipt
	Mailing Address 1399 New York Ave. NW Suite 720		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C000217638"/>
Name of Employer		Occupation	Transaction ID: 00131.C10096
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼			Receipt

B.	Full Name (Last, First, Middle Initial) JP Morgan Chase & Co. PAC		Date of Receipt
	Mailing Address 230 Park Ave Fl 21 21st Floor		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10169-2403
	FEC ID number of contributing federal political committee.		<input type="text" value="C000104299"/>
Name of Employer		Occupation	Transaction ID: 00131.C10107
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼			Receipt

C.	Full Name (Last, First, Middle Initial) Lorillard Tobacco Company Public Affairs		Date of Receipt
	Mailing Address 714 Green Valley Rd		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Greensboro	NC	27408-7018
	FEC ID number of contributing federal political committee.		<input type="text" value="C000112888"/>
Name of Employer		Occupation	Transaction ID: 00131.C9987
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="3000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lowes Companies Inc, PAC
Mailing Address PO Box 1111

City State Zip Code
North Wilkesboro NC 28656-0001

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	9

Transaction ID: 00131.C9994
 Amount of Each Receipt this Period
 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Manufactured Housing Institute PAC
Mailing Address 2101 Wilson Blvd Ste 610

City State Zip Code
Arlington VA 22201-3040

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: 00131.C10135
 Amount of Each Receipt this Period
 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
MasterCard International Employees PAC
Mailing Address 2000 Purchase St

City State Zip Code
Purchase NY 10577-2405

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: 00131.C10105
 Amount of Each Receipt this Period
 2000.00
 Receipt

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 14 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Morgan Stanley Political Action Committee

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 9

Transaction ID: 00131.C10104

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association Of America

Mailing Address 1919 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: 91015.C9885

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association Of America

Mailing Address 1919 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 9

Transaction ID: 00131.C10133

Amount of Each Receipt this Period
1000.00

Receipt

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 15 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association Of America

Mailing Address 1919 Pennsylvania Avenue Nw

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 16 / 2009
Transaction ID: 00131.C10134
 Amount of Each Receipt this Period 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Motorola, Inc. PAC

Mailing Address 1455 Pennsylvania Avenue, NW Suite 900

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: 00131.C10138
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Mutual of Omaha Companies PAC

Mailing Address Mutual Of Omaha Plaza

City Omaha State NE Zip Code 68175-0002

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: 00131.C10139
 Amount of Each Receipt this Period 1500.00
 Receipt

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 16 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NACDS PAC
Mailing Address 413 N Lee St
City Alexandria State VA Zip Code 22314-2301
FEC ID number of contributing federal political committee. **C** C00022368
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 12 / 21 / 2009
Transaction ID: 00131.C10110
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
National Assn of Federal Credit Unions
Mailing Address 3138 10th St N
City Arlington State VA Zip Code 22201-2108
FEC ID number of contributing federal political committee. **C** C00040659
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: 10 / 19 / 2009
Transaction ID: 00131.C9962
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
National Assoc. of Mutual Insurance Co.
Mailing Address 122 C. Street, N.W. Suite 540
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00170258
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 10 / 16 / 2009
Transaction ID: 00131.C9951
Amount of Each Receipt this Period: 1000.00
Receipt

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 17 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nationwide PAC
Mailing Address One Nationwide Plaza 1-32-06
City Columbus State OH Zip Code 43215-2220
FEC ID number of contributing federal political committee. **C** C00076174
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 12 / 21 / 2009
Transaction ID: 00131.C10112
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Novartis Corporation PAC
Mailing Address 701 Pennsylvania Ave NW Ste 725 Suite 725
City Washington State DC Zip Code 20004-2608
FEC ID number of contributing federal political committee. **C** C00033969
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 10 / 30 / 2009
Transaction ID: 00131.C9982
Amount of Each Receipt this Period: 2500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Online Lenders Alliance PAC
Mailing Address 725 S. Emerson St.
City Denver State CO Zip Code 80209
FEC ID number of contributing federal political committee. **C** C00427781
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 10 / 12 / 2009
Transaction ID: 91015.C9925
Amount of Each Receipt this Period: 1000.00
Receipt

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 18 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PCIPAC
Mailing Address 2600 S River Rd
City Des Plaines State IL Zip Code 60018-3203
FEC ID number of contributing federal political committee. **C** C00066472
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10125
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
PCIPAC
Mailing Address 2600 S River Rd
City Des Plaines State IL Zip Code 60018-3203
FEC ID number of contributing federal political committee. **C** C00066472
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00
Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10124
Amount of Each Receipt this Period: 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Sallie Mae Inc Political Action Committe
Mailing Address 701 Pennsylvania Avenue, NW, Suite
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00331835
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 11 / 24 / 2009
Transaction ID: 00131.C10051
Amount of Each Receipt this Period: 4000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 19 / 84
	<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Sonnenschein PAC	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 1301 K St NW Suite 600, East Tower	Transaction ID: 00131.C10004
	City Washington State DC Zip Code 20005-3307	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00216127	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) Southeast Anesthesia Associates PAC	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address PO Box 36351	Transaction ID: 00131.C10111
	City Charlotte State NC Zip Code 28236-6351	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00306878	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) The GlaxoSmithKline PAC	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address Five Moore Drive Research Triangle	Transaction ID: 00131.C9961
	City Durham State NC Zip Code 27709	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00199703	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional)	8000.00
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 20 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UnitedHealth Group PAC

Mailing Address 701 Pennsylvania Avenue, NW, Suite

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 9

Transaction ID: 00131.C10052

Amount of Each Receipt this Period
 1000.00

Receipt

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

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 00131.C9977

Amount of Each Receipt this Period
 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
USAA Employee PAC

Mailing Address USAA BUILDING D-3-W

City State Zip Code
San Antonio TX 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 9

Transaction ID: 00131.C10066

Amount of Each Receipt this Period
 2000.00

Receipt

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 21 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ven-PAC
Mailing Address 575 7th Street, NW
City State Zip Code
Washington DC 20004-1601
FEC ID number of contributing federal political committee. **C** C00369660
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: 00131.C9978
Amount of Each Receipt this Period
1500.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Wal-Mart Stores Inc. PAC for Responsible
Mailing Address 702 SW 8th St
City State Zip Code
Bentonville AR 72716-6209
FEC ID number of contributing federal political committee. **C** C00093054
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: 00131.C9976
Amount of Each Receipt this Period
1000.00
Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	63333.00

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

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

FOR LINE NUMBER: PAGE 22 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pat Appleson
Mailing Address 2359 Highway 70, SE
City State Zip Code
Hickory NC 28602
FEC ID number of contributing federal political committee. **C**
Name of Employer Appleson Studios Occupation Photographer
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: 00131.C10148
Amount of Each Receipt this Period
750.00
In-kind

B. Full Name (Last, First, Middle Initial)
Brenda Archer
Mailing Address 410 Ivy Dr
City State Zip Code
Rutherfordton NC 28139-3234
FEC ID number of contributing federal political committee. **C**
Name of Employer Pediatrician Occupation Rutherford Pediatrics
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9
Transaction ID: 91015.C9893
Amount of Each Receipt this Period
100.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Aulgur
Mailing Address 9066 Nc 126
City State Zip Code
Nebo NC 28761-8639
FEC ID number of contributing federal political committee. **C**
Name of Employer Mountain Harbor Marina Occupation Owner
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9
Transaction ID: 00131.C10013
Amount of Each Receipt this Period
250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1100.00
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 23 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dennis Bailey

Mailing Address 703 W Marion St

City State Zip Code
Shelby NC 28150-5041

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

Name of Employer Re/Max Select Occupation Realtor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Transaction ID: 91015.C9886

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cass Ballenger

Mailing Address 487 26th Ave Ne Unit A

City State Zip Code
Hickory NC 28601

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

Name of Employer Plastic Packaging Occupation Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: 00131.C10036

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alex Bernhardt

Mailing Address PO Box 740

City State Zip Code
Lenoir NC 28645-0740

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

Name of Employer Bernhardt Furniture Occupation CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: 00131.C10037

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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)

<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Robert Bird
Mailing Address 1254 Selkirk Ct

City State Zip Code
Cary NC 27511-5125

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

Name of Employer Occupation
Independent Insurance Agents CEO
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 00131.C10034

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Paul Christian Breden
Mailing Address 522 Fletcher Creek Lane

City State Zip Code
Purlear NC 28665-9066

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

Name of Employer Occupation
Mountain Land Realty President
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 00131.C9953

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Philip Byers
Mailing Address 243 McCall Drive

City State Zip Code
Forest City NC 28043

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

Name of Employer Occupation
TJCA Educational Foundation Executive Director
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 00131.C10073

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffery Cernuto

Mailing Address 158 W Maranta Rd

City State Zip Code
Mooreville NC 28117

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

Name of Employer Occupation
Princeton Management Developer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10098

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ann Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code
Dublin OH 43017-9492

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

Name of Employer Occupation
None Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 00131.C9993

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Steve Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Clark & Associates President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 00131.C9986

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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)

<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Norvin Clontz

Mailing Address 649 Freeman Rd

City State Zip Code
Forest City NC 28043-7538

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

Name of Employer Occupation
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91015.C9858

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Norvin Clontz

Mailing Address 649 Freeman Rd

City State Zip Code
Forest City NC 28043-7538

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

Name of Employer Occupation
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

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

Transaction ID: 00131.C10039

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Rick Davis

Mailing Address 2721 Charleston Ct

City State Zip Code
Claremont NC 28610-8658

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

Name of Employer Occupation
Newton Vision Center Optometrist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 00131.C10049

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Teresa Dearnley

Mailing Address 8879 Hagers Ferry Rd

City State Zip Code
Denver NC 28037-8569

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

Name of Employer Occupation
Duke Power Systems Analyst

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 00131.C9970

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeff DiCosmo

Mailing Address 1759 Withers Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91015.C9876

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeff DiCosmo

Mailing Address 1759 Withers Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 00131.C10011

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 28 / 84
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mike DiMartino	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 720 So. Dickerson Street	Transaction ID: 00131.C10038
	City State Zip Code Burgaw NC 28425	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation W.R. Rayson Co. CEO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Jerry Dockham	Date of Receipt MM / DD / YYYY 10 / 12 / 2009
	Mailing Address PO Box 265	Transaction ID: 91015.C9923
	City State Zip Code Denton NC 27239	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation NC House Insurance	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Cornelius Dyke	Date of Receipt MM / DD / YYYY 12 / 29 / 2009
	Mailing Address 5925 Almeda North Tower #717	Transaction ID: 00131.C10117
	City State Zip Code Houston TX 77004-7520	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Brazosport Health System Surgeon	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	3100.00
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)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Eagle

Mailing Address 19017 Peninsula Point Drive

City State Zip Code
Cornelius NC 28031

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

Name of Employer Occupation
Lake Norman Hematology On-colog Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91015.C9887

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tom Efirid

Mailing Address 2931 Grampian Dr

City State Zip Code
Gastonia NC 28054-6462

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

Name of Employer Occupation
Standard Distributors Beverage Wholesaler

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 00131.C10113

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Henry Faison

Mailing Address 121 W Trade St FI 27

City State Zip Code
Charlotte NC 28202-5399

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

Name of Employer Occupation
Faison and Associates Chairman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 00131.C10050

Amount of Each Receipt this Period
1000.00

Receipt

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 30 / 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Robert Gallagher</p> <p>Mailing Address 4130 Moorland Dr</p> <p>City State Zip Code Charlotte NC 28226-1136</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Goodwill Publishing CEO</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3900.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 00131.C10137</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Richard Garlitz</p> <p>Mailing Address 3145 Laurel Ridge Rd NW</p> <p>City State Zip Code Hickory NC 28601-9049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Richard M Garlitz DDS President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 00131.C10088</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Thomas Goolsby</p> <p>Mailing Address 212 Walnut Street STE 100</p> <p>City State Zip Code Wilmington NC 28401-3931</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Lawyer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 00131.C10122</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	0	9												

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 31 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Hawk

Mailing Address 105 McKellar Street

City Lincolnton State NC Zip Code 28092

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 11 / 12 / 2009
Transaction ID: 00131.C10020
 Amount of Each Receipt this Period 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Beth Hill

Mailing Address 4617 21st Street Ct NE

City Hickory State NC Zip Code 28601-1785

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

Name of Employer Self Employed Occupation Medical Transcriptionist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 11 / 09 / 2009
Transaction ID: 00131.C10006
 Amount of Each Receipt this Period 200.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Hill

Mailing Address 4617 21st Street Ct NE

City Hickory State NC Zip Code 28601-1785

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

Name of Employer Western Piedmont Anesthesia Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 10 / 30 / 2009
Transaction ID: 00131.C9984
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Thomas Hill

Mailing Address 4617 21st Street Ct NE

City State Zip Code
Hickory NC 28601-1785

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

Name of Employer
Western Piedmont Anesthes-
ia

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 00131.C10005

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Gordon Hirshman

Mailing Address 8446 Pine Lake Rd

City State Zip Code
Denver NC 28037-8814

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

Name of Employer
None

Occupation
Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 00131.C10062

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Shirley Hise

Mailing Address 70 Rhododendrum Avenue

City State Zip Code
Spruce Pine NC 28777

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

Name of Employer
Mitchell Chamber of Commer-
ce

Occupation
Executive Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00131.C10140

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Horne

Mailing Address 4308 Brandywine St NW

City Washington State DC Zip Code 20016-4530

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

Name of Employer Russ Reid Company Occupation Senior Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2009
Transaction ID: 00131.C10055
 Amount of Each Receipt this Period 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Brad Howard

Mailing Address 108 Gateway Blvd. Suite 102

City Mooresville State NC Zip Code 28117

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

Name of Employer The Langtree Group Occupation Developer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: 00131.C10144
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Marvin Hutchison

Mailing Address PO Box 69

City Waco State NC Zip Code 28169-0069

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

Name of Employer USDA Occupation Loan Officer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2009
Transaction ID: 00131.C10058
 Amount of Each Receipt this Period 250.00
 Receipt

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)
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Leon Jackson

Mailing Address 614 Kingsbury Street

City State Zip Code
Shelby NC 28150

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 00131.C10021

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gary Jensen

Mailing Address P.O. Box 399

City State Zip Code
Little Switzerland NC 28749

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

Name of Employer Self Employed Occupation Hotel Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10099

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Helene Keyzer

Mailing Address 204 Merewood Rd

City State Zip Code
Belmont NC 28012-3741

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00131.C10131

Amount of Each Receipt this Period
900.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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)

<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Raymond King

Mailing Address 708 Hillcrest Ave

City State Zip Code
Gastonia NC 28052-5314

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

Name of Employer Occupation
None Retired

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10087

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Howard Kosofsky

Mailing Address 114 Ventana Court

City State Zip Code
 Mooresville NC 28117

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

Name of Employer Occupation
Self Employed Investor

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10097

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
G. Leroy Lail

Mailing Address 3619 Links Drive NE

City State Zip Code
Conover NC 28613

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

Name of Employer Occupation
Hickory Furniture Mart Owner

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 00131.C10042

Amount of Each Receipt this Period

1000.00

Receipt

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: PAGE 36 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lori Lawrence

Mailing Address 147 Scotts Creek Road

City Statesville State NC Zip Code 28625

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

Name of Employer Provida Group Occupation Executive Assistant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2009
Transaction ID: 00131.C10075
 Amount of Each Receipt this Period 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Woodrow Leopard

Mailing Address 1876 Cedar Dr

City Lenoir State NC Zip Code 28645-9143

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

Name of Employer Leopard Chemical LLC Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt 11 / 12 / 2009
Transaction ID: 00131.C10014
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
David Lewis

Mailing Address P.O. Box 1152

City Dunn State NC Zip Code 28334-5500

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

Name of Employer Harnett Tractor Co Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: 00131.C10142
 Amount of Each Receipt this Period 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 37 / 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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Anthony Marcaccio	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address P.O. Box 72	Transaction ID: 00131.C10061
	City State Zip Code Black Mountain NC 28711	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation St. Pius Catholic Church Monsigneur	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Anthony Marcaccio	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address P.O. Box 72	Transaction ID: 00131.C10146
	City State Zip Code Black Mountain NC 28711	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation St. Pius Catholic Church Monsigneur	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Roy McGalliard	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 110 Rockview Ln	Transaction ID: 00131.C10071
	City State Zip Code Morganton NC 28655-4203	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	225.00
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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steven McGlothlin

Mailing Address 1073 Briarcliff Rd

City State Zip Code
Mooreville NC 28115-2716

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

Name of Employer True2Form Collision Repair Occupation Southeast Regional President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10091

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ellis Monroe

Mailing Address 2316 Peninsula Ave.

City State Zip Code
Shelby NC 28151-2168

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

Name of Employer Self Employed Occupation Mfg Representative

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 00131.C10032

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mike Mooney

Mailing Address 2291 Balls Creek Rd

City State Zip Code
Claremont NC 28610-9538

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 00131.C10143

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Moretz

Mailing Address 1779 8th Street Dr NW

City State Zip Code
Hickory NC 28601-2371

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

Name of Employer Carolina Mills, Inc Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 00131.C10029

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Morgan

Mailing Address 316 Tennessee Cir

City State Zip Code
Mooreville NC 28117-8466

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 00131.C10068

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
William Nalley

Mailing Address 2742 Cherry Ln

City State Zip Code
Denver NC 28037-8874

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	9

Transaction ID: 91015.C9897

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 40 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Neill

Mailing Address 4396 1st Street Dr NW

City State Zip Code
Hickory NC 28601-8185

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

Name of Employer: Neill Grading & Const. Co. Inc. Occupation: Construction

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 11 / 25 / 2009
Transaction ID: 00131.C10059
 Amount of Each Receipt this Period: 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Jean Patton

Mailing Address 450 18th Avenue Lane NW

City State Zip Code
Hickory NC 28601-5200

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10120
 Amount of Each Receipt this Period: 1100.00
 Receipt

C. Full Name (Last, First, Middle Initial)
N. Moore Patton

Mailing Address 450 18th Avenue Ln NW

City State Zip Code
Hickory NC 28601-5200

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

Name of Employer: Pepsi Bottling Occupation: Officer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 12 / 29 / 2009
Transaction ID: 00131.C10119
 Amount of Each Receipt this Period: 900.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tracy Philbeck

Mailing Address 2635 Puetts Chapel Road

City Bessemer City State NC Zip Code 28016-8700

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

Name of Employer Self Employed Occupation None

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 11 / 20 / 2009
Transaction ID: 00131.C10043
 Amount of Each Receipt this Period 2400.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Lynn Pitts

Mailing Address P.O. Box 127
184 Mark Twain Drive

City Lake Lure State NC Zip Code 28746

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 12 / 07 / 2009
Transaction ID: 00131.C10090
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Richard Pollard

Mailing Address 204 Merewood Rd

City Belmont State NC Zip Code 28012-3741

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

Name of Employer Carolina Medical Center Occupation Anesthesiologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt 12 / 29 / 2009
Transaction ID: 00131.C10132
 Amount of Each Receipt this Period 1500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Pollard
 Mailing Address 204 Merewood Rd
 City Belmont State NC Zip Code 28012-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Medical Center Occupation Anesthesiologist
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3900.00
 Date of Receipt 12 / 29 / 2009
Transaction ID: 00131.C10130
 Amount of Each Receipt this Period 100.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Jean Preston
 Mailing Address PO Box 4640
 City Emerald Isle State NC Zip Code 28594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State Of North Carolina Occupation State Senator
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt 12 / 31 / 2009
Transaction ID: 00131.C10141
 Amount of Each Receipt this Period 250.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Dale Punch
 Mailing Address 131 Boulder Drive
 City Lincolnton State NC Zip Code 28092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Business Owner
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt 11 / 18 / 2009
Transaction ID: 00131.C10040
 Amount of Each Receipt this Period 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bo Roberson

Mailing Address 2459 NC 120 Highway

City State Zip Code
Moorestboro NC 28114

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

Name of Employer: Forest City Heating and Air Occupation: Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 00131.C10035
 Amount of Each Receipt this Period: 200.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Linda Roberts

Mailing Address 1367 Nc 108 Hwy

City State Zip Code
Rutherfordton NC 28139-7325

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 11 / 25 / 2009
Transaction ID: 00131.C10056
 Amount of Each Receipt this Period: 2400.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Sonny Roseman

Mailing Address PO Box 2128

City State Zip Code
Hickory NC 28603-2128

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

Name of Employer: CR Laine Furniture Occupation: Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 12 / 02 / 2009
Transaction ID: 00131.C10074
 Amount of Each Receipt this Period: 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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)

<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code
Newland NC 28657-0490

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 00131.C9985

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code
Newland NC 28657-0490

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 9

Transaction ID: 00131.C10077

Amount of Each Receipt this Period
400.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Hunt Shuford

Mailing Address 3104 Laurel Ridge Road NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Shurtape Technologies Occupation Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10085

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 45 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hunt Shuford

Mailing Address 3104 Laurel Ridge Road NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
Shurtape Technologies Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: 00131.C10084

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Sides

Mailing Address P.O. Box 22

City State Zip Code
Bakersville NC 28705

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 00131.C10064

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Matthew Smith

Mailing Address PO Box 507

City State Zip Code
Eden NC 27289-0507

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 00131.C10123

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E Stobbs

Mailing Address 62 Winding Ridge Road

City State Zip Code
Durham NC 27713-3134

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

Name of Employer Self Employed Occupation
Self Employed Financial Planner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: 91015.C9922

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
E Stobbs

Mailing Address 62 Winding Ridge Road

City State Zip Code
Durham NC 27713-3134

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

Name of Employer Self Employed Occupation
Self Employed Financial Planner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: 00131.C10025

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Phillip Strach

Mailing Address 138 Roan Dr

City State Zip Code
Garner NC 27529-4371

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

Name of Employer Self Employed Occupation
Ogletree Deakins Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: 91015.C9920

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 47 / 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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) James Tarlton		Date of Receipt
	Mailing Address 944 18th Avenue Dr NW		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hickory	NC	28601-1262
	FEC ID number of contributing federal political committee. C		Transaction ID: 00131.C10092
Name of Employer Shook & Tarlton		Occupation Developer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
			Receipt

B.	Full Name (Last, First, Middle Initial) Jonathan Tratt		Date of Receipt
	Mailing Address 914 E Osborne Road #214		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85014
	FEC ID number of contributing federal political committee. C		Transaction ID: 00131.C10145
Name of Employer Tratt Properties		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
			Receipt

C.	Full Name (Last, First, Middle Initial) Jay Velasquez		Date of Receipt
	Mailing Address 700 Park Street, S.E.		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Vienna	VA	22180
	FEC ID number of contributing federal political committee. C		Transaction ID: 00131.C10095
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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: PAGE 48 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rebecca Weaver

Mailing Address 1302 Briarcliff Rd

City State Zip Code
Shelby NC 28152-6312

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 91015.C9946

Receipt

B. Full Name (Last, First, Middle Initial)
F. Steve White

Mailing Address 4000 Grace Chapel Rd

City State Zip Code
Granite Falls NC 28630-9543

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

Name of Employer White Investments of Catawba Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 600.00

Transaction ID: 00131.C10076

Receipt

C. Full Name (Last, First, Middle Initial)
Janet Wilson

Mailing Address 411 Tremont Circle, SE

City State Zip Code
Lenoir NC 28645

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 00131.C10089

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 49 / 84
	<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ruth Wilson	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 131 Scism Farm Rd	Transaction ID: 00131.C9969
	City Kings Mountain State NC Zip Code 28086-8789	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) H Grey Winfield	Date of Receipt MM / DD / YYYY 12 / 07 / 2009
	Mailing Address 965 18th Avenue Cir NW	Transaction ID: 00131.C10086
	City Hickory State NC Zip Code 28601-1200	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self Employed Occupation Physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Benny Yount	Date of Receipt MM / DD / YYYY 12 / 29 / 2009
	Mailing Address 1712 8th Street Dr SE	Transaction ID: 00131.C10121
	City Hickory State NC Zip Code 28602-9656	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Paramount Motor Sales Occupation President Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	41150.00

**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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Advantage, Inc <hr/> Mailing Address 1611 N. Kent Street Suite 905 <hr/> City Arlington State VA Zip Code 22209- <hr/> Purpose of Disbursement Automated Call Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3396 Date of Disbursement 12 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 50.00 <hr/> AUTOMATED CALL SERVICE
B.	Full Name (Last, First, Middle Initial) Pat Appleson <hr/> Mailing Address 2359 Highway 70, SE <hr/> City Hickory State NC Zip Code 28602- <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.C10148IK Date of Disbursement 12 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 750.00 <hr/> IN KIND:
C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc <hr/> Mailing Address 205 Pennsylvania Ave Se <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Computer Support Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3397 Date of Disbursement 10 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 2100.00 <hr/> COMPUTER SUPPORT FEE

SUBTOTAL of Disbursements This Page (optional) ▶	2900.00
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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Catawba Co. Chamber of Commerce Mailing Address PO Box 1828 City Hickory State NC Zip Code 28603-1828 Purpose of Disbursement Membership Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3401 Date of Disbursement 10 / 12 / 2009	Amount of Each Disbursement this Period 332.00 MEMBERSHIP DUES
B.	Full Name (Last, First, Middle Initial) Catawba Print & Mail, Inc Mailing Address PO Box 9001 City Hickory State NC Zip Code 28603-9001 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3404 Date of Disbursement 10 / 12 / 2009	Amount of Each Disbursement this Period 350.25 PRINTING
C.	Full Name (Last, First, Middle Initial) Catawba Print & Mail, Inc Mailing Address PO Box 9001 City Hickory State NC Zip Code 28603-9001 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3405 Date of Disbursement 12 / 21 / 2009	Amount of Each Disbursement this Period 1998.75 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	2681.00
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 52 / 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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Platinum Business Credit Card <hr/> Mailing Address Po Box 15650 <hr/> City Wilmington State DE Zip Code 19886- <hr/> Purpose of Disbursement Credit Card: See Below Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3400 Date of Disbursement 12 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 4561.38 <hr/> CREDIT CARD: SEE BELOW		
	B. Full Name (Last, First, Middle Initial) Caffe Luna <hr/> Mailing Address 136 E Hargett St <hr/> City Raleigh State NC Zip Code 27601- <hr/> Purpose of Disbursement Event Food & Beverage Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3479 Date of Disbursement 11 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 1087.50 <hr/> [MEMO ITEM] MEMO: EVENT FOOD & BEVERAGE	
		C. Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First St Se <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Food & Beverage Expense Candidate Name <input type="text"/> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3480 Date of Disbursement 11 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 256.38 <hr/> [MEMO ITEM] MEMO: FOOD & BEVERAGE EXPENSE

SUBTOTAL of Disbursements This Page (optional)	4561.38
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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3481 Date of Disbursement 11 / 15 / 2009	Amount of Each Disbursement this Period 106.92 [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE
B.	Full Name (Last, First, Middle Initial) .Holiday Inn Mailing Address 1385 Lenoir-Rhyne Blvd Se City Hickory State NC Zip Code 28602- Purpose of Disbursement Event Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3482 Date of Disbursement 11 / 15 / 2009	Amount of Each Disbursement this Period 500.00 [MEMO ITEM] MEMO: EVENT FACILITY RENT-AL
C.	Full Name (Last, First, Middle Initial) IContact Mailing Address 2635 Meridian Pkwy City Durham State NC Zip Code 27713- Purpose of Disbursement Email Marketing Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3483 Date of Disbursement 11 / 15 / 2009	Amount of Each Disbursement this Period 148.00 [MEMO ITEM] MEMO: EMAIL MARKETING SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3484 Date of Disbursement 11 / 15 / 2009 Amount of Each Disbursement this Period 400.68 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Public Storage (formerly Shurgard) Mailing Address 1970 Tate Blvd City Hickory State NC Zip Code 28602- Purpose of Disbursement Storage Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3485 Date of Disbursement 11 / 15 / 2009 Amount of Each Disbursement this Period 110.00 [MEMO ITEM] MEMO: STORAGE FEE
C.	Full Name (Last, First, Middle Initial) Qwest Mailing Address PO Box 2489 City Omaha State NE Zip Code 68103-2489 Purpose of Disbursement Teleconference Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3486 Date of Disbursement 11 / 15 / 2009 Amount of Each Disbursement this Period 55.65 [MEMO ITEM] MEMO: TELECONFERENCE EXPE- NSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sonoma Restaurant</p> <p>Mailing Address 223 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20500-</p> <p>Purpose of Disbursement Event Food & Beverage</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3487</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">757.60</td> </tr> </table> <p>[MEMO ITEM] MEMO: EVENT FOOD & BEVERAGE</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	9	757.60
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	0	9													
757.60																						
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 231 Government Ave SW</p> <p>City Hickory State NC Zip Code 28602-2955</p> <p>Purpose of Disbursement Postage</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3488</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">304.33</td> </tr> </table> <p>[MEMO ITEM] MEMO: POSTAGE</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	9	304.33
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	0	9													
304.33																						
<p>C. Full Name (Last, First, Middle Initial) W Millar & Co Catering</p> <p>Mailing Address 1335 14th St NW</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement Food & Beverage 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3489</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">362.46</td> </tr> </table> <p>[MEMO ITEM] MEMO: FOOD & BEVERAGE EXPENSE</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	9	362.46
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	0	9													
362.46																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<table border="1"> <tr> <td style="font-weight: bold;">0.00</td> </tr> </table>	0.00
0.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>	

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

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

FOR LINE NUMBER: (check only one)

<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3424 Date of Disbursement 10 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 1764.53 <hr/> MONTHLY COMPENSATION
B.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Mobile Phone Allowance Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3419 Date of Disbursement 10 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 50.00 <hr/> MOBILE PHONE ALLOWANCE
C.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3420 Date of Disbursement 10 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 31.81 <hr/> TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	1846.34
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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3425 Date of Disbursement 11 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 1764.53 <hr/> MONTHLY COMPENSATION
B.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Bonus Compensation Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3423 Date of Disbursement 11 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 848.52 <hr/> BONUS COMPENSATION
C.	Full Name (Last, First, Middle Initial) Erica Church <hr/> Mailing Address 512 Collett St <hr/> City Morganton State NC Zip Code 28655- <hr/> Purpose of Disbursement Mobile Phone Allowance Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00131.E3421 Date of Disbursement 11 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 50.00 <hr/> MOBILE PHONE ALLOWANCE

SUBTOTAL of Disbursements This Page (optional) ► 2663.05

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)

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<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Erica Church Mailing Address 512 Collett St City Morganton State NC Zip Code 28655- Purpose of Disbursement Monthly Compensation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3426 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 1764.53 MONTHLY COMPENSATION
B.	Full Name (Last, First, Middle Initial) Erica Church Mailing Address 512 Collett St City Morganton State NC Zip Code 28655- Purpose of Disbursement Mobile Phone Allowance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3422 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 50.00 MOBILE PHONE ALLOWANCE
C.	Full Name (Last, First, Middle Initial) Computer Pro Mailing Address 3011 1st Ave PI SW City Hickory State NC Zip Code 28602- Purpose of Disbursement Computer Repair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3409 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 518.95 COMPUTER REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶	2333.48
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Conservative Victory Fund <hr/> Mailing Address 104 N Carolina Ave SE <hr/> City Washington State DC Zip Code 20003-1841 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.C10101IK Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 414.85 IN KIND:
B. Full Name (Last, First, Middle Initial) Conservative Victory Fund <hr/> Mailing Address 104 N Carolina Ave SE <hr/> City Washington State DC Zip Code 20003-1841 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.C10108IK Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 418.15 IN KIND:
C. Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- Purpose of Disbursement Credit Card Processing Fee <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3465 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 16.25 CREDIT CARD PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

849.25

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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3466 Date of Disbursement 10 / 07 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 69.68
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

B.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3470 Date of Disbursement 10 / 30 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 39.75
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

C.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3467 Date of Disbursement 11 / 03 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 0.56
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)	▶	109.99
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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3468 Date of Disbursement MM / DD / YYYY 11 / 05 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 22.75
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

B.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3469 Date of Disbursement MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 52.12
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

C.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 00131.E3471 Date of Disbursement MM / DD / YYYY 12 / 01 / 2009
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 19.95
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)	94.82
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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) CTS Holdings, LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Ste #120</p> <p>City Memphis State TN Zip Code 38133-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3472 Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 16.25</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>B. Full Name (Last, First, Middle Initial) CTS Holdings, LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Ste #120</p> <p>City Memphis State TN Zip Code 38133-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3473 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 74.05</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>C. Full Name (Last, First, Middle Initial) CTS Holdings, LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Ste #120</p> <p>City Memphis State TN Zip Code 38133-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3474 Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 9.95</p> <p>CREDIT CARD PROCESSING FEE</p>

SUBTOTAL of Disbursements This Page (optional)	100.25
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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service)	Transaction ID: 00131.E3410 Date of Disbursement 10 / 01 / 2009	
	Mailing Address PO Box 105703		
	City Atlanta State GA Zip Code 30348-	Amount of Each Disbursement this Period	302.94
	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	PAYROLL TAXES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service)	Transaction ID: 00131.E3411 Date of Disbursement 11 / 01 / 2009	
	Mailing Address PO Box 105703		
	City Atlanta State GA Zip Code 30348-	Amount of Each Disbursement this Period	443.50
	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	PAYROLL TAXES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service)	Transaction ID: 00131.E3412 Date of Disbursement 12 / 01 / 2009	
	Mailing Address PO Box 105703		
	City Atlanta State GA Zip Code 30348-	Amount of Each Disbursement this Period	302.94
	Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	PAYROLL TAXES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1049.38
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Embarq <hr/> Mailing Address PO Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3416 Date of Disbursement 10 / 30 / 2009
	Amount of Each Disbursement this Period 240.43
	Category/Type TELEPHONE EXPENSE
	(Empty box for additional info)
B. Full Name (Last, First, Middle Initial) Embarq <hr/> Mailing Address PO Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3417 Date of Disbursement 11 / 30 / 2009
	Amount of Each Disbursement this Period 240.43
	Category/Type TELEPHONE EXPENSE
	(Empty box for additional info)
C. Full Name (Last, First, Middle Initial) Embarq <hr/> Mailing Address PO Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3418 Date of Disbursement 12 / 30 / 2009
	Amount of Each Disbursement this Period 240.43
	Category/Type TELEPHONE EXPENSE
	(Empty box for additional info)

SUBTOTAL of Disbursements This Page (optional) ▶

721.29

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)

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<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3427 Date of Disbursement 12 / 21 / 2009 Amount of Each Disbursement this Period 24.52 OVERNIGHT DELIVERY FEE
B.	Full Name (Last, First, Middle Initial) First National Bank Mailing Address PO Box 168 City Shelby State NC Zip Code 28151- Purpose of Disbursement Loan Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3428 Date of Disbursement 10 / 12 / 2009 Amount of Each Disbursement this Period 1653.21 LOAN INTEREST PAYMENT
C.	Full Name (Last, First, Middle Initial) FLS Connect, LLC Mailing Address 2401 W Behrend Dr City Phoenix State AZ Zip Code 85027-4142 Purpose of Disbursement Phone Match Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3429 Date of Disbursement 10 / 02 / 2009 Amount of Each Disbursement this Period 5678.24 PHONE MATCH

SUBTOTAL of Disbursements This Page (optional) ▶	7355.97
TOTAL 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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3431 Date of Disbursement 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 56.50</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>B. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3432 Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 35.50</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>C. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3433 Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>CREDIT CARD PROCESSING FEE</p>

SUBTOTAL of Disbursements This Page (optional)	107.00
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)

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<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 00131.E3434	
	Mailing Address PO Box 8522	Date of Disbursement 11 / 25 / 2009	
	City Falls Church State VA Zip Code 22044-	Amount of Each Disbursement this Period 7.50	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CREDIT CARD PROCESSING FEE	

B.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 00131.E3435	
	Mailing Address PO Box 8522	Date of Disbursement 12 / 11 / 2009	
	City Falls Church State VA Zip Code 22044-	Amount of Each Disbursement this Period 89.00	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		CREDIT CARD PROCESSING FEE	

C.	Full Name (Last, First, Middle Initial) Infomentum, LLC	Transaction ID: 00131.E3436	
	Mailing Address 532 Glen St	Date of Disbursement 12 / 01 / 2009	
	City Glens Falls State NY Zip Code 12801-	Amount of Each Disbursement this Period 4000.00	
	Purpose of Disbursement Research	Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		RESEARCH	

SUBTOTAL of Disbursements This Page (optional)	4096.50
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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance Group

Transaction ID: 00131.E3437
Date of Disbursement

Mailing Address PO Box 7202

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

City Portsmouth State NH Zip Code 03802-

Amount of Each Disbursement this Period

Purpose of Disbursement
Workers Compensation Insurance

1069.00

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

WORKERS COMPENSATION INSURANCE

State: District:

B.

Full Name (Last, First, Middle Initial)
NC Dept. of Revenue

Transaction ID: 00131.E3413
Date of Disbursement

Mailing Address PO Box 25000

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	9

City Raleigh State NC Zip Code 27640-0615

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Taxes

64.00

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL TAXES

State: District:

C.

Full Name (Last, First, Middle Initial)
NC Dept. of Revenue

Transaction ID: 00131.E3414
Date of Disbursement

Mailing Address PO Box 25000

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	9

City Raleigh State NC Zip Code 27640-0615

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Taxes

64.00

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL TAXES

State: District:

SUBTOTAL of Disbursements This Page (optional)

1197.00

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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NC Dept. of Revenue Mailing Address PO Box 25000 City Raleigh State NC Zip Code 27640-0615 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3415 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 64.00 PAYROLL TAXES	
B.	Full Name (Last, First, Middle Initial) NC Farm Bureau Insurance Mailing Address PO Box 27427 City Raleigh State NC Zip Code 27611- Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3438 Date of Disbursement 10 / 12 / 2009 Amount of Each Disbursement this Period 175.00 INSURANCE	
C.	Full Name (Last, First, Middle Initial) NC Farm Bureau Insurance Mailing Address PO Box 27427 City Raleigh State NC Zip Code 27611- Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3451 Date of Disbursement 10 / 12 / 2009 Amount of Each Disbursement this Period 677.50 INSURANCE	

SUBTOTAL of Disbursements This Page (optional) ▶	916.50
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)

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<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NC Motorsports Association

Mailing Address 5555 Concord Pkwy S, Ste 332

City State Zip Code
Concord NC 28027-

Purpose of Disbursement
Membership Dues

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3402
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

Amount of Each Disbursement this Period

350.00

MEMBERSHIP DUES

B.

Full Name (Last, First, Middle Initial)
NRCC

Mailing Address 320 First St Se

City State Zip Code
Washington DC 20003-

Purpose of Disbursement
Membership Dues

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3403
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

MEMBERSHIP DUES

C.

Full Name (Last, First, Middle Initial)
Bill Oorbeek

Mailing Address 5903 Woodfield Estates Dr

City State Zip Code
Alexandria VA 22310-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3398
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

Amount of Each Disbursement this Period

1932.41

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

3282.41

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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Molly Malones

Mailing Address 713 8th St SE

City Washington State PA Zip Code 20003-

Purpose of Disbursement
Event Food & Beverage

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00131.E3477
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

Amount of Each Disbursement this Period

1932.41

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
Bill Oorbeek

Mailing Address 5903 Woodfield Estates Dr

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00131.E3399
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	9

Amount of Each Disbursement this Period

1420.90

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Central Michel Richard

Mailing Address 1001 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Event Food & Beverages

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00131.E3476
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	9

Amount of Each Disbursement this Period

1320.90

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERAGES

SUBTOTAL of Disbursements This Page (optional)

1420.90

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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Molly Malones Mailing Address 713 8th St SE City Washington State PA Zip Code 20003- Purpose of Disbursement Event Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3478 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 100.00 [MEMO ITEM] MEMO: EVENT FOOD & BEVERAGE
B.	Full Name (Last, First, Middle Initial) PBS Mailing Address 15710 Pissaro Terrace City Gaithersburg State MD Zip Code 20878- Purpose of Disbursement Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3441 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 150.00 EVENT SUPPLIES
C.	Full Name (Last, First, Middle Initial) PBS Mailing Address 15710 Pissaro Terrace City Gaithersburg State MD Zip Code 20878- Purpose of Disbursement Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3442 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 178.81 EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	328.81
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3443

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

850.00

OFFICE RENT

B. Full Name (Last, First, Middle Initial)
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3444

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

850.00

OFFICE RENT

C. Full Name (Last, First, Middle Initial)
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00131.E3445

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

850.00

OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶

2550.00

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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Qwest

Transaction ID: 00131.E3446
Date of Disbursement

Mailing Address PO Box 2489

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	9

City Omaha State NE Zip Code 68103-2489

Amount of Each Disbursement this Period

41.02

Purpose of Disbursement
Teleconference Expense

Category/ Type

Candidate Name

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

TELECONFERENCE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Qwest

Transaction ID: 00131.E3447
Date of Disbursement

Mailing Address PO Box 2489

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

City Omaha State NE Zip Code 68103-2489

Amount of Each Disbursement this Period

64.24

Purpose of Disbursement
Teleconference Expense

Category/ Type

Candidate Name

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

TELECONFERENCE EXPENSE

C.

Full Name (Last, First, Middle Initial)
Catherine Rains

Transaction ID: 91015.E3290
Date of Disbursement

Mailing Address 317 Oakwood Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	9

City Devon State PA Zip Code 19333-

Amount of Each Disbursement this Period

1635.00

Purpose of Disbursement
Monthly Compensation

Category/ Type

Candidate Name

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

MONTHLY COMPENSATION

SUBTOTAL of Disbursements This Page (optional)

1740.26

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)

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<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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Catherine Rains</p> <p>Mailing Address 317 Oakwood Ln</p> <p>City Devon State PA Zip Code 19333-</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3406 Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1635.00</p> <p>MONTHLY COMPENSATION</p>
<p>B. Full Name (Last, First, Middle Initial) Catherine Rains</p> <p>Mailing Address 317 Oakwood Ln</p> <p>City Devon State PA Zip Code 19333-</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3407 Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1635.00</p> <p>MONTHLY COMPENSATION</p>
<p>C. Full Name (Last, First, Middle Initial) Catherine Rains</p> <p>Mailing Address 317 Oakwood Ln</p> <p>City Devon State PA Zip Code 19333-</p> <p>Purpose of Disbursement Reimbursement: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3408 Date of Disbursement 12 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 545.60</p> <p>REIMBURSEMENT: SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3815.60

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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
US Airways, Inc

Mailing Address 111 West Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281-

Purpose of Disbursement
Travel Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00131.E3475
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	9	

Amount of Each Disbursement this Period

545.60

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Sprint

Mailing Address PO Box 219100

City State Zip Code
Kansas City MO 64121-9100

Purpose of Disbursement
Telephone Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00131.E3448
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	9	

Amount of Each Disbursement this Period

63.38

TELEPHONE EXPENSE

C.

Full Name (Last, First, Middle Initial)
Sprint

Mailing Address PO Box 219100

City State Zip Code
Kansas City MO 64121-9100

Purpose of Disbursement
Telephone Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00131.E3449
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	9	

Amount of Each Disbursement this Period

63.03

TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

126.41

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)

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<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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 219100</p> <p>City Kansas City State MO Zip Code 64121-9100</p> <p>Purpose of Disbursement Telephone 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3450</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.67"/></p> <p>TELEPHONE EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) The Oorbeek Group</p> <p>Mailing Address 5903 Woodfield Estates Dr</p> <p>City Alexandria State VA Zip Code 22310-</p> <p>Purpose of Disbursement Fundraising</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3452</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>FUNDRAISING</p>
<p>C. Full Name (Last, First, Middle Initial) The Oorbeek Group</p> <p>Mailing Address 5903 Woodfield Estates Dr</p> <p>City Alexandria State VA Zip Code 22310-</p> <p>Purpose of Disbursement Fundraising</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3453</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2822.45"/></p> <p>FUNDRAISING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5386.12"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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<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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3454 Date of Disbursement 11 / 03 / 2009	Amount of Each Disbursement this Period 2500.00 FUNDRAISING
B.	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3455 Date of Disbursement 12 / 01 / 2009	Amount of Each Disbursement this Period 2500.00 FUNDRAISING
C.	Full Name (Last, First, Middle Initial) The Stewart Group Mailing Address Po Box 26508 City Raleigh State NC Zip Code 27611- Purpose of Disbursement Planning & Development Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3456 Date of Disbursement 10 / 12 / 2009	Amount of Each Disbursement this Period 5178.75 PLANNING & DEVELOPMENT FEE

SUBTOTAL of Disbursements This Page (optional) ▶

10178.75

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)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) The Stewart Group</p> <p>Mailing Address Po Box 26508</p> <p>City Raleigh State NC Zip Code 27611-</p> <p>Purpose of Disbursement Planning & Development Fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3457</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6200.00"/></p> <p>PLANNING & DEVELOPMENT FEE</p>
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 231 Government Ave SW</p> <p>City Hickory State NC Zip Code 28602-2955</p> <p>Purpose of Disbursement Postage</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3459</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1083.28"/></p> <p>POSTAGE</p>
<p>C. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 231 Government Ave SW</p> <p>City Hickory State NC Zip Code 28602-2955</p> <p>Purpose of Disbursement Postage</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00131.E3458</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.54"/></p> <p>POSTAGE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7364.82"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3460 Date of Disbursement 10 / 15 / 2009 Amount of Each Disbursement this Period 201.36 MOBILE PHONE EXPENSE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3461 Date of Disbursement 11 / 16 / 2009 Amount of Each Disbursement this Period 190.75 MOBILE PHONE EXPENSE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00131.E3462 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 281.62 MOBILE PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

673.73

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)

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<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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Warren & Associates

Mailing Address PO Box 1871

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00131.E3463

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

30.15

PAYROLL PROCESSING FEE

B.

Full Name (Last, First, Middle Initial)
Warren & Associates

Mailing Address PO Box 1871

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00131.E3464

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

100.32

PAYROLL PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

130.47

TOTAL This Period (last page this line number only)

70581.48

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" 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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Patrick Timothy McHenry

Transaction ID: 00131.E3440
Date of Disbursement

Mailing Address 806B Requa Rd

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		0	2		2	0	0	9

City State Zip Code
Cherryville NC 28021-

Amount of Each Disbursement this Period

50000.00

Purpose of Disbursement
Repay Loan made/Guar. By Cand Loan Repay

--

Candidate Name
PATRICK TIMOTHY MCHENRY

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

50000.00

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

50000.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Transaction ID: LS80714.C8184

LOAN SOURCE Full Name (Last, First, Middle Initial)
Patrick Timothy McHenry

Election:
 Primary
 General
 Other (specify) ▼
G-2008

Mailing Address 806B Requa Rd

City Cherryville State NC ZIP Code 28021-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	115500.00	59500.00

TERMS

Date Incurred: MM DD YY YY (06 30 2008) Date Due: ONDEMAND Interest Rate: 600.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	59500.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 84 / 84
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Transaction ID: LS51015.C3021

LOAN SOURCE Full Name (Last, First, Middle Initial) First National Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ R-2004
Mailing Address PO Box 168	
City Shelby State NC ZIP Code 28151-	

Original Amount of Loan 100500.00	Cumulative Payment To Date 10000.00	Balance Outstanding at Close of This Period 90500.00
--------------------------------------	--	---

TERMS

Date Incurred MM DD YY YY 07 19 2004	Date Due 20110407	Interest Rate 725.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	90500.00
TOTALS This Period (last page in this line only)	▶	150000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.