

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) POST OFFICE BOX 28001
 Check if different than previously reported. (ACC)
RALEIGH NC 27611

2. **FEC IDENTIFICATION NUMBER** C00311555
CITY STATE ZIP CODE STATE DISTRICT
IS THIS REPORT NEW (N) OR AMENDED (A)
NC 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 02 2006 in the State of NC
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 01 01 2006 through 04 12 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Andrea Bell

Signature of Treasurer Electronically Filed by Andrea Bell Date 04 19 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BOB ETHERIDGE FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
1	2

Y	Y	Y	Y
2	0	0	6

	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)).....	132795.00	475534.75
(b) Total Contribution Refunds (from Line 20(d)).....	800.00	940.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	131995.00	474594.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	60245.08	310375.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1913.16
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60245.08	308462.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	626746.20	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
1	2

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

58295.00

203495.00

(ii) Unitemized.....

10175.00

25455.00

(iii) TOTAL of contributions

68470.00

228950.00

from individuals..... ▶

0.00

49.75

(b) Political Party Committees.....

64325.00

246535.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

132795.00

475534.75

(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

1913.16

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

5.49

11366.30

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

132800.49

488814.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	60245.08	310375.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	800.00	940.00
(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)).....	800.00	940.00
21. OTHER DISBURSEMENTS.....	16850.00	102775.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	77895.08	414090.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	571840.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	132800.49
25. SUBTOTAL (add Line 23 and Line 24).....	704641.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77895.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	626746.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 94
	<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

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. J. Allen Adams		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1609 Park Drive		Transaction ID: SA11A1.14279	
City Raleigh State NC Zip Code 27605		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Parker Poe Adams Occupation Lawyer			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. James M. Adams, Sr.		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2006	
Mailing Address 909 S. Main Street		Transaction ID: SA11A1.14257	
City Wake Forest State NC Zip Code 27587		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Millridge Investments			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Zeb D. Alley		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address P.O. Box 12803		Transaction ID: SA11A1.14342	
City Raleigh State NC Zip Code 27605		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alley Assoc. Inc. Occupation Gov't. Relations			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Allene W. Alphin		Date of Receipt MM / DD / YYYY 02 / 03 / 2006
Mailing Address 3489 US 301 South		Transaction ID: SA11A1.14114
City Dunn	State NC	Zip Code 28334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John L. Atkins, III		Date of Receipt MM / DD / YYYY 02 / 22 / 2006
Mailing Address 3915 Eton Road		Transaction ID: SA11A1.14195
City Durham	State NC	Zip Code 27707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer O'Brien/Atkins Associates	Occupation CEO/Architect	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mary W. Baggett		Date of Receipt MM / DD / YYYY 03 / 24 / 2006
Mailing Address 322 Causeway Drive Unit 909		Transaction ID: SA11A1.14325
City Wrightsville Bch	State NC	Zip Code 28480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Best Efforts Lef.	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. George D. Baker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006	
Mailing Address 5012 Scarsdale Road		Transaction ID: SA11A1.14246	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Williams & Jensen	Occupation Lawyer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Alexander E. Barkas		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006	
Mailing Address 15941 Overlook Drive		Transaction ID: SA11A1.14276	
City State Zip Code Los Gatos CA 95030	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Prospect Venture Partners	Occupation Managing Partner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. George G. Beasley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 10 16th Avenue South		Transaction ID: SA11A1.14344	
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Beasley Broadcast Group	Occupation CEO/Broadcaster		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Shirley Ann Beasley

Mailing Address 10 16th Avenue South

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Beasley Broadcast Group Broadcaster

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1900.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.14345

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
Robert Bleecker

Mailing Address 1219 Longleaf Drive

City State Zip Code
Fayetteville NC 28305

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

Name of Employer Occupation
Bleecker Auto Auto Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.14329

Amount of Each Receipt this Period
600.00

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

C. Full Name (Last, First, Middle Initial)
Robert Bleecker

Mailing Address 1219 Longleaf Drive

City State Zip Code
Fayetteville NC 28305

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

Name of Employer Occupation
Bleecker Auto Auto Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.14335

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Debra M. Bryant		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 612 Fourth Place SW		Transaction ID: SA11A1.14307	
City State Zip Code Washington DC 20024	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer The Ferguson Group LLC	Occupation Gov't. Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Swadesh B. Chatterjee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 108 Lochview Drive		Transaction ID: SA11A1.14346	
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Swadesh Chatterjee Assoc. Inc.	Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Randolph E. Cloud		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 2440 Oxford Road		Transaction ID: SA11A1.14328	
City State Zip Code Raleigh NC 27608	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Randolph Cloud & Assoc.	Occupation Consultant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address 2440 Oxford Road

City Raleigh State NC Zip Code 27608

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

Name of Employer Randolph Cloud & Assoc. Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2006

Transaction ID: SA11A1.14334

Amount of Each Receipt this Period
 900.00

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

B. Full Name (Last, First, Middle Initial)
Sara S. Cohen

Mailing Address P.O. Box 1224

City Sanford State NC Zip Code 27331

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

Name of Employer Lee Iron & Metal Co. Occupation VP/Recycler

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2006

Transaction ID: SA11A1.14294

Amount of Each Receipt this Period
 1100.00

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

C. Full Name (Last, First, Middle Initial)
Sara S. Cohen

Mailing Address P.O. Box 1224

City Sanford State NC Zip Code 27331

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

Name of Employer Lee Iron & Metal Co. Occupation VP/Recycler

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2006

Transaction ID: SA11A1.14295

Amount of Each Receipt this Period
 900.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Meilia Cox Mailing Address 144 Steeplechase Road City Rocky Mount State NC Zip Code 27804 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14056 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	0		2	0	0	6														
2000.00																							
Name of Employer Homemaker Occupation Homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

B. Full Name (Last, First, Middle Initial) William Zeke Creech Mailing Address 2720 Ashland Street City Raleigh State NC Zip Code 27608 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14327 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
500.00																							
Name of Employer Self-Employed Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

C. Full Name (Last, First, Middle Initial) Buddy Gray Creed Mailing Address 202 Eldridge Street City Dunn State NC Zip Code 28334 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14187 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	1		2	0	0	6														
250.00																							
Name of Employer South River EMC Occupation EVP & CEO Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Courtney A. Crowder		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 729 S. Bloodworth Street		Transaction ID: SA11A1.14315
City Raleigh State NC Zip Code 27601	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NC Dept. of Insurance Occupation Legislative Affairs		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Nelson T. Currin		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2006
Mailing Address 1273 Delma Grimes Road		Transaction ID: SA11A1.14178
City Coats State NC Zip Code 27521	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Currin Development Occupation General Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Lucy C. Daniels		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 2636 Tatton Drive		Transaction ID: SA11A1.14302
City Raleigh State NC Zip Code 27608	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Clinical Psychologist		
Receipt For: 2006 <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) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Melvin R. Daniels, Jr. Mailing Address 1618 Rochelle Drive City Elizabeth City State NC Zip Code 27909 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14250 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
250.00																							
Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table>	250.00																				
250.00																							

B. Full Name (Last, First, Middle Initial) Dennis W. Eatman Mailing Address P.O. Box 188 City Rocky Mount State NC Zip Code 27802 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14061 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		3	0		2	0	0	6														
250.00																							
Name of Employer Eatman Leasing Inc. Occupation CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table>	250.00																				
250.00																							

C. Full Name (Last, First, Middle Initial) Rufus L. Edmisten Mailing Address 2121 Lake Wheeler Road City Raleigh State NC Zip Code 27603 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14245 Amount of Each Receipt this Period <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
250.00																							
Name of Employer Edmisten & Webb Occupation Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td style="text-align: right;">500.00</td> </tr> </table>	500.00																				
500.00																							

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Patrick B. Edwards		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 470 Melton Bridge Road		Transaction ID: SA11A1.14051
City State Zip Code Whitakers NC 27891	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Farming	Election Cycle-to-Date ▼ 800.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert D. Edwards		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2039 Bellamy Lake Road		Transaction ID: SA11A1.14049
City State Zip Code Whitakers NC 27891	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Farming	Election Cycle-to-Date ▼ 800.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wayne Edwards		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 470 Melton Bridge Road		Transaction ID: SA11A1.14050
City State Zip Code Whitakers NC 27891	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Farming	Election Cycle-to-Date ▼ 800.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Kenneth P. Etheridge Mailing Address P.O. Box 8 City Kenly State NC Zip Code 27542 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Transaction ID: SA11A1.14137 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Etheridge Oil Company Occupation: Petroleum Marketer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Catherine B. Evans Mailing Address P.O. Box 1296 City Lillington State NC Zip Code 27546 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.14079 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Self-Employed Occupation: Dentist Receipt For: 2006 <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) Martha L. Farmer Mailing Address 107 Kipling Place City Raleigh State NC Zip Code 27609 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.14165 Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Retired Occupation: Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Robert L. Farmer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 107 Kipling Place		Transaction ID: SA11A1.14164
City Raleigh State NC Zip Code 27609	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 225.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Beth Fields		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 2339 Hales Road		Transaction ID: SA11A1.14281
City Raleigh State NC Zip Code 27608	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker Occupation Homemaker	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Stanley H. Fox		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 123 Pine Cone Drive		Transaction ID: SA11A1.14241
City Oxford State NC Zip Code 27565	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Fox & Associates Occupation Investments	Election Cycle-to-Date 750.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2475.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Aaron E. Fussell		Date of Receipt MM / DD / YYYY 01 / 30 / 2006
Mailing Address 1201 Briar Patch Lane		Transaction ID: SA11A1.14059
City Raleigh	State NC	Amount of Each Receipt this Period 100.00
Zip Code 27615	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Frank R. Gailor		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address P.O. Box 12929		Transaction ID: SA11A1.14148
City Raleigh	State NC	Amount of Each Receipt this Period 500.00
Zip Code 27605	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hedgehog Holdings LLC	Occupation Developer/Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Raymond W. Goodman, Jr.		Date of Receipt MM / DD / YYYY 03 / 24 / 2006
Mailing Address 2601 Sherborne Place		Transaction ID: SA11A1.14320
City Raleigh	State NC	Amount of Each Receipt this Period 250.00
Zip Code 27612	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ann B. Goodnight		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 900 Appletree Lane		Transaction ID: SA11A1.14205
City Cary	State NC	Amount of Each Receipt this Period 1000.00
Zip Code 27513	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SAS Institute	Occupation Dir./Community Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Daniel Brian Gurkin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 100 Moore Street		Transaction ID: SA11A1.14448
City Erwin	State NC	Amount of Each Receipt this Period 900.00
Zip Code 28339	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tarheel Specialties	Occupation Securities Contractor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2900.00	

Full Name (Last, First, Middle Initial) C. Daniel Brian Gurkin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 100 Moore Street		Transaction ID: SA11A1.14449
City Erwin	State NC	Amount of Each Receipt this Period 2100.00
Zip Code 28339	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Tarheel Specialties	Occupation Securities Contractor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Sonya P. Gurkin

Mailing Address 100 Moore Street

City Erwin State NC Zip Code 28339

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.14311

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Sonya P. Gurkin

Mailing Address 100 Moore Street

City Erwin State NC Zip Code 28339

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.14312

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Tommy L. Haddock

Mailing Address 201 Frostwood Drive

City Cary State NC Zip Code 27511

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

Name of Employer Tri-Arc Food Systems Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2006

Transaction ID: SA11A1.14199

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Pat B. Harmon Mailing Address P.O. Box 203 City Buies Creek State NC Zip Code 27506 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14256 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	6	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	2		2	0	0	6														
100.00																							
Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>340.00</td> </tr> </table>	340.00																				
340.00																							

B. Full Name (Last, First, Middle Initial) Cameron M. Harris Mailing Address 3247 Seven Eagles City Charlotte State NC Zip Code 28210 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14309 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
500.00																							
Name of Employer Cameron M. Harris & Co. Occupation Owner/Insurance Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

C. Full Name (Last, First, Middle Initial) Dee-Dee W. Harris Mailing Address 3247 Seven Eagles City Charlotte State NC Zip Code 28210 FEC ID number of contributing federal political committee. C		Date of Receipt <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>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.14308 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
500.00																							
Name of Employer The Harris Land Company Occupation Developer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																				
2000.00																							

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1"> <tr> <td>1100.00</td> </tr> </table>	1100.00
1100.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Oscar N. Harris

Mailing Address P.O. Box 578

City State Zip Code
Dunn NC 28335

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

Name of Employer Oscar N. Harris & Assoc. Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1140.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14169

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Oscar N. Harris

Mailing Address P.O. Box 578

City State Zip Code
Dunn NC 28335

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

Name of Employer Oscar N. Harris & Assoc. Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14173

Amount of Each Receipt this Period
960.00

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

C. Full Name (Last, First, Middle Initial)
Oscar N. Harris

Mailing Address P.O. Box 578

City State Zip Code
Dunn NC 28335

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

Name of Employer Oscar N. Harris & Assoc. Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2140.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14177

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. C. Felix Harvey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address P.O. Box 189		Transaction ID: SA11A1.14172	
City Kinston	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 28502		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Harvey Enterprises	Occupation Chairman of Board		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. C. Felix Harvey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address P.O. Box 189		Transaction ID: SA11A1.14176	
City Kinston	State NC	Amount of Each Receipt this Period 400.00	
Zip Code 28502		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Harvey Enterprises	Occupation Chairman of Board		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Frank B. Holding		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 519 Rosewood Drive		Transaction ID: SA11A1.14171	
City Smithfield	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 27577		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer First Citizens	Occupation CEO/Banker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Shirley Honeycutt		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 368 Rawls Church Road		Transaction ID: SA11A1.14168	
City Angier	State NC	Zip Code 27501	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Frank Horne		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address P.O. Box 338		Transaction ID: SA11A1.14174	
City Fair Bluff	State NC	Zip Code 28439	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Frank Horne Construction	Occupation Utility Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. Frank Horne		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address P.O. Box 338		Transaction ID: SA11A1.14175	
City Fair Bluff	State NC	Zip Code 28439	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Frank Horne Construction	Occupation Utility Contractor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
H. Mercer Johnson

Mailing Address 1260 Country Club Road

City State Zip Code
Salemberg NC 28385

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.14293

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 111 Balmoral Fords Colony

City State Zip Code
Williamsburg VA 23188

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

Name of Employer NC State University Occupation Semi-Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.14282

Amount of Each Receipt this Period
550.00

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

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

Mailing Address 111 Balmoral Fords Colony

City State Zip Code
Williamsburg VA 23188

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

Name of Employer NC State University Occupation Semi-Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2550.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.14291

Amount of Each Receipt this Period
450.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Dennis Lee Jones		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 182 Brownstone Drive		Transaction ID: SA11A1.14318	
City State Zip Code Mooresville NC 28117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation R-Anell Housing Group LLC President	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. William Joslin		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2006	
Mailing Address 2431 West Lake Drive		Transaction ID: SA11A1.14182	
City State Zip Code Raleigh NC 27609	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self-Employed Attorney	Election Cycle-to-Date 225.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Keith Karlsson		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 1605 Bridgeport Drive		Transaction ID: SA11A1.14322	
City State Zip Code Raleigh NC 27615	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Cisco Software Engineer	Election Cycle-to-Date 470.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ayden R. Lee, Jr.		Date of Receipt MM / DD / YYYY 03 / 15 / 2006
Mailing Address 812 Peele Road		Transaction ID: SA11A1.14260
City Clayton	State NC	Zip Code 27520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Four Oaks Bank	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. W. Frank Lee		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address P.O. Drawer 148		Transaction ID: SA11A1.14354
City Smithfield	State NC	Zip Code 27577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00
Name of Employer Self-Employed	Occupation Farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3900.00	

Full Name (Last, First, Middle Initial) C. W. Frank Lee		Date of Receipt MM / DD / YYYY 04 / 07 / 2006
Mailing Address P.O. Drawer 148		Transaction ID: SA11A1.14355
City Smithfield	State NC	Zip Code 27577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. David N. Levinson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 8 Barley Mill Drive		Transaction ID: SA11A1.14122	
City Wilmington	State DE	Zip Code 19807	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Quantum Group	Occupation Real Estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. David N. Levinson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 8 Barley Mill Drive		Transaction ID: SA11A1.14332	
City Wilmington	State DE	Zip Code 19807	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Quantum Group	Occupation Real Estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mary Bess Mann		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 189 Tree Cutters Lane Carolina Trace		Transaction ID: SA11A1.14238	
City Sanford	State NC	Zip Code 27332	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 240.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Marvin O. Marshall		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1100 Merry Street		Transaction ID: SA11A1.14062	
City State Zip Code Dunn NC 28334		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Marvin O. Marshall		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1100 Merry Street		Transaction ID: SA11A1.14188	
City State Zip Code Dunn NC 28334		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. George B. Mast		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 119		Transaction ID: SA11A1.14213	
City State Zip Code Smithfield NC 27577		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mast Schulz Mast Occupation Attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. William H. Mast		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1910 Ross Mill Road		Transaction ID: SA11A1.14140
City Henderson State NC Zip Code 27537	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mast Drug Co. Inc. Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. William Arthur McClenny		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 4700 Glen Forest Drive		Transaction ID: SA11A1.14301
City Raleigh State NC Zip Code 27612	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer U.S. EPA Occupation Scientist	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ann B. McCormick		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 900 W. Short Street		Transaction ID: SA11A1.14081
City Lillington State NC Zip Code 27546	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harnett Co. Schools Occupation Educator	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 730.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ann B. McCormick		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 900 W. Short Street		Transaction ID: SA11A1.14208
City Lillington	State NC	Amount of Each Receipt this Period 125.00
Zip Code 27546	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Harnett Co. Schools	Occupation Educator	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 855.00	

Full Name (Last, First, Middle Initial) B. Clement E. Medley, Jr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 102 Winterlochen Drive		Transaction ID: SA11A1.14219
City Dunn	State NC	Amount of Each Receipt this Period 100.00
Zip Code 28334	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First Federal Bank	Occupation President/CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Clement E. Medley, Jr.		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 102 Winterlochen Drive		Transaction ID: SA11A1.14290
City Dunn	State NC	Amount of Each Receipt this Period 40.00
Zip Code 28334	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First Federal Bank	Occupation President/CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2140.00	

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 94 (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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Katheryn T. Medley Mailing Address 102 Winterlochen Drive City State Zip Code Dunn NC 28334 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11A1.14220 Amount of Each Receipt this Period 1960.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Homemaker Homemaker Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2100.00

B. Full Name (Last, First, Middle Initial) Burley B. Mitchell, Jr. Mailing Address 4301 City of Oaks Wynd City State Zip Code Raleigh NC 27612 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11A1.14215 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Womble Carlyle Sandridge & Rice Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	750.00

C. Full Name (Last, First, Middle Initial) Mary Nesbitt Mailing Address 2005 Navan Lane City State Zip Code Garner NC 27529 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2006 Transaction ID: SA11A1.14156 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Deliverance Cathedral of Love Pastor Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

SUBTOTAL of Receipts This Page (optional) ▶	2960.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Napoleon Nesbitt

Mailing Address 2005 Navan Lane

City State Zip Code
Garner NC 27529

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.14154

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 125 Newton Road

City State Zip Code
Lillington NC 27546

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

Name of Employer Self-Employed Occupation Farming

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.14167

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Gary D. Oyster

Mailing Address P.O. Box 189

City State Zip Code
Franklinton NC 27525

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.14249

Amount of Each Receipt this Period
900.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Rhudy F. Phillips Mailing Address 1450 Duncan Street City Fayetteville State NC Zip Code 28303 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.14054 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rhudy's Inc. Occupation Owner/Jeweler Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

B. Full Name (Last, First, Middle Initial) Rhudy F. Phillips Mailing Address 1450 Duncan Street City Fayetteville State NC Zip Code 28303 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.14239 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rhudy's Inc. Occupation Owner/Jeweler Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Charles E. Powell, Sr. Mailing Address 7204 Denlee Road City Raleigh State NC Zip Code 27603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.14125 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Total Hair Occupation Barber Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mollie W. Prescott		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 2008 Aurora Drive		Transaction ID: SA11A1.14225	
City Raleigh	State NC	Amount of Each Receipt this Period 200.00	
Zip Code 27615		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Virginia B. Sall		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2006	
Mailing Address 201 Vineyard Lane		Transaction ID: SA11A1.14181	
City Cary	State NC	Amount of Each Receipt this Period 1000.00	
Zip Code 27513		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jerome Schaeffer		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2006	
Mailing Address 1107 Crescent Drive		Transaction ID: SA11A1.14159	
City Smithfield	State NC	Amount of Each Receipt this Period 20.00	
Zip Code 27577		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Paraclete Armor & Equipmt.	Occupation Production Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	1220.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Eileen F. Schwartz		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 3902 Burwell Collins Circle		Transaction ID: SA11A1.14288	
City Raleigh State NC Zip Code 27612	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer York Commercial Properties Occupation Real Estate Broker	Election Cycle-to-Date <input type="checkbox"/> 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joseph L. Sernak		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 110 Lakewood Drive		Transaction ID: SA11A1.14218	
City Pinehurst State NC Zip Code 28374	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date <input type="checkbox"/> 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. J. K. Sherron, Jr.		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006	
Mailing Address 408 May Court		Transaction ID: SA11A1.14198	
City Raleigh State NC Zip Code 27609	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Occupation Real Estate	Election Cycle-to-Date <input type="checkbox"/> 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. T. W. Shirley		Date of Receipt MM / DD / YYYY 02 / 22 / 2006
Mailing Address 1202 S. Second Street		Transaction ID: SA11A1.14190
City Smithfield	State NC	Zip Code 27577
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self-Employed	Occupation Rental Properties	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Jerry W. Smith		Date of Receipt MM / DD / YYYY 04 / 12 / 2006
Mailing Address 7617 Riverview Knoll Court		Transaction ID: SA11A1.14356
City Clemmons	State NC	Zip Code 27012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer LeBleu Corp.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert A. Smith		Date of Receipt MM / DD / YYYY 01 / 30 / 2006
Mailing Address P.O. Box 845		Transaction ID: SA11A1.14086
City Pittsboro	State NC	Zip Code 27312
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Smith's Coffee Service Co. Inc.	Occupation Business Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. J. Dal Snipes		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address P.O. Box 1165		Transaction ID: SA11A1.14348
City Dunn	State NC	Zip Code 28335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Snipes Insurance Service Inc.	Occupation President/Insurance Agent	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Nancy H. Soffe		Date of Receipt M M / D D / Y Y Y Y Y 02 / 22 / 2006
Mailing Address 1414 Lakeview Drive		Transaction ID: SA11A1.14201
City Fayetteville	State NC	Zip Code 28305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lois C. Stephenson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2006
Mailing Address P.O. Box 1379		Transaction ID: SA11A1.14240
City Clayton	State NC	Zip Code 27528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Building Blocks Child Care Center	Occupation Business Owner/Operator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
M. Durwood Stephenson

Mailing Address P.O. Box 1187

City State Zip Code
Smithfield NC 27577

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

Name of Employer Occupation
Stephenson Contractors General Contractor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **3400.00**

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.14296

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
M. Durwood Stephenson

Mailing Address P.O. Box 1187

City State Zip Code
Smithfield NC 27577

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

Name of Employer Occupation
Stephenson Contractors General Contractor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **3500.00**

Date of Receipt
MM / DD / YYYY
03 / 15 / 2006

Transaction ID: SA11A1.14297

Amount of Each Receipt this Period
100.00

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

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

Mailing Address P.O. Box 5

City State Zip Code
Wilson NC 27894

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

Name of Employer Occupation
Thomas & Farris Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: SA11A1.14183

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Larry Tinney		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 305 White Oak Court		Transaction ID: SA11A1.14289	
City Fayetteville	State NC	Zip Code 28303	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Royal Crown Leasing Inc.	Occupation Retailer	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William M. Tunstall, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1314 Dollar Avenue		Transaction ID: SA11A1.14232	
City Durham	State NC	Zip Code 27701	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 400.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Matthew J. Watts		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2006	
Mailing Address 605 Berwick Drive		Transaction ID: SA11A1.14147	
City Fayetteville	State NC	Zip Code 28314	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Coldwell Banker Realty	Occupation Real Estate Broker	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Kao Zon John Wei		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 103 Turnberry Lane		Transaction ID: SA11A1.14319	
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of NC Occupation Software Analyst	Election Cycle-to-Date 575.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Jerry L. Wordsworth		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address P.O. Box K		Transaction ID: SA11A1.14269	
City State Zip Code Rocky Mount NC 27802	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MBM Corporation Occupation Executive	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Steve A. Wordsworth		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address P.O. Box 800		Transaction ID: SA11A1.14270	
City State Zip Code Rocky Mount NC 27802	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MBM Corporation Occupation Executive	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2075.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address P.O. Box 457

City State Zip Code
Tabor City NC 28463

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

Name of Employer Occupation
McGougan Law Firm Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.14170

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Samuel J. Wornom, III

Mailing Address P.O. Box 1248

City State Zip Code
Sanford NC 27331

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

Name of Employer Occupation
Nouveau Investments Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

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

Transaction ID: SA11A1.14197

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Pavan K. Yerramsetty

Mailing Address 5207 Langford Terrace

City State Zip Code
Durham NC 27713

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

Name of Employer Occupation
Raleigh Neurology Neurologist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: SA11A1.14200

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 94	
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Smedes York

Mailing Address 1904 Craig Street

City Raleigh State NC Zip Code 27608

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

Name of Employer York Properties Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: SA11A1.14202

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	58295.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Action Committee for Rural Electrification
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Wilson Boulevard
 City Arlington State VA Zip Code 22203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2006
Transaction ID: SA11C.14420
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AFL-CIO COPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Sixteenth Street N.W.
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006
Transaction ID: SA11C.14437
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Agri Mark Legislation & Education Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5800
 City Lawrence State MA Zip Code 01842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006
Transaction ID: SA11C.14438
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Air Line Pilots Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 1625 Massachusetts Ave. NW		Transaction ID: SA11C.14425
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. American Bankers Association BankPac		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2006
Mailing Address 1120 Connecticut Ave. NW		Transaction ID: SA11C.14411
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. American Crystal Sugar PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2006
Mailing Address 101 North Third Street		Transaction ID: SA11C.14381
City Moorhead State MN Zip Code 56560	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. American Dental PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: SA11C.14380
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. American Federation of Teachers COPE		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 555 New Jersey Avenue NW		Transaction ID: SA11C.14386
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. American Meat Institute PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2006
Mailing Address 1150 Connecticut Ave. NW Suite 1200		Transaction ID: SA11C.14368
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. American Nurses Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 8515 Georgia Avenue Suite 400		Transaction ID: SA11C.14431
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. American Postal Workers Union AFL-CIO Committee on Political Action		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address 1300 L Street NW Suite 1000		Transaction ID: SA11C.14393
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AT&T Inc. Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 175 E. Houston Rm. 7-A-50		Transaction ID: SA11C.14436
City San Antonio	State TX	Zip Code 78205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address The Leonard M. Ring Law Ctr.
1050 31st Street NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.14439

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Auction Market PAC of the Chicago Board of Trade

Mailing Address 141 W. Jackson Boulevard

City Chicago State IL Zip Code 60604

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11C.14398

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Avaya Inc. PAC

Mailing Address 1212 New York Avenue NW
Suite 1212

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11C.14395

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 94
	<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	

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bayer CropScience PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 1275 Pennsylvania Ave. NW Suite 801		Transaction ID: SA11C.14365
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. BellSouth FED-PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 1133 21st Street NW Suite 900		Transaction ID: SA11C.14388
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Carpenters Legislative Improvement Committee		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 101 Constitution Avenue NW		Transaction ID: SA11C.14423
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 94
	<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	

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Chemical Producers & Distributors Association PAC

Mailing Address 1430 Duke Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: SA11C.14384

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Chicago Board Options Exchange PAC

Mailing Address 400 South LaSalle Street

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11C.14389

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Committee for Advancement of Cotton

Mailing Address P.O. Box 820292

City State Zip Code
Memphis TN 38182

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: SA11C.14394

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 50 / 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Committee for Advancement of Southeast Cotton

Mailing Address 75 Elliott Road
Suite 110

City Dawsonville State GA Zip Code 30534

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2006

Transaction ID: SA11C.14409

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Committee to Elect Bernard Allen to NC General Assembly

Mailing Address P.O. Box 14445

City Raleigh State NC Zip Code 27620

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2006

Transaction ID: SA11C.14416

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 601 Pennsylvania Ave. NW
South Building Suite 600

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2006

Transaction ID: SA11C.14418

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Farm Credit PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 50 F Street NW Suite 900		Transaction ID: SA11C.14373
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

B. Full Name (Last, First, Middle Initial) Florida Sugar Cane League PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 1301 Pennsylvania Ave. NW Suite 401		Transaction ID: SA11C.14387
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Food Lion LLC PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 1330		Transaction ID: SA11C.14372
City Salisbury State NC Zip Code 28145	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Gold Kist Political Action for Farmers		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address P.O. Box 2210		Transaction ID: SA11C.14419	
City State Zip Code Atlanta GA 30301	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3025.00		

Full Name (Last, First, Middle Initial) B. Great Lakes Sugarbeet Growers PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 2600 South Euclid Avenue		Transaction ID: SA11C.14432	
City State Zip Code Bay City MI 48706	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. I.B.E.W. - C.O.P.E.		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2006	
Mailing Address 900 Seventh Street NW		Transaction ID: SA11C.14440	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3325.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Independent Insurance Agents & Brokers of America Inc. PAC

Mailing Address 412 First Street SE
Suite 300

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.14427

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters FIREPAC

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11C.14404

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
International Union of Operating Engineers PEC

Mailing Address 1125 17th Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2006

Transaction ID: SA11C.14364

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jimmie D. Smith Jr. for County Commissioner

Mailing Address P.O. Box 7623

City State Zip Code
Rocky Mount NC 27804

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11C.14375

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Judge Gore Supreme Court Committee

Mailing Address P.O. Box 891

City State Zip Code
Whiteville NC 28472

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11C.14414

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Manufactured Housing Institute PAC

Mailing Address 2101 Wilson Boulevard Suite 610

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11C.14417

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. McGuire Woods Federal PAC Fund		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 1050 Connecticut Ave. NW Suite 1200		Transaction ID: SA11C.14366
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Microsoft Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1401 Eye Street NW Suite 500		Transaction ID: SA11C.14405
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Morgan Stanley PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 401 9th Street NW Suite 650		Transaction ID: SA11C.14428
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) National Air Traffic Controllers Assoc. PAC Mailing Address 1325 Massachusetts Ave. NW City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006 Transaction ID: SA11C.14390 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <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) National Cattlemen's Beef Association PAC Mailing Address 1301 Pennsylvania Ave. NW Suite 300 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11C.14377 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) National Chicken Council PAC Mailing Address 1015 15th Street NW Suite 930 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 Transaction ID: SA11C.14424 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
National Milk Producers Federation PAC

Mailing Address 2101 Wilson Boulevard
Suite 400

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11C.14371

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
National Pork Producers Council PORK PAC

Mailing Address 122 C Street NW
Suite 875

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1398.52

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 6

Transaction ID: SA11C.14369

Amount of Each Receipt this Period
398.52

In-kind - Catering

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

C. Full Name (Last, First, Middle Initial)
National Pork Producers Council PORK PAC

Mailing Address 122 C Street NW
Suite 875

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11C.14434

Amount of Each Receipt this Period
601.48

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) National Turkey Federation TURPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 1225 New York Ave. NW Suite 400		Transaction ID: SA11C.14406
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) NCCPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address P.O. Box 656		Transaction ID: SA11C.14408
City Nashville State NC Zip Code 27856	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

C. Full Name (Last, First, Middle Initial) New York Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2006
Mailing Address One North End Avenue 14th Floor		Transaction ID: SA11C.14363
City New York State NY Zip Code 10282	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <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) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. NFDA Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 13625 Bishop's Drive		Transaction ID: SA11C.14378
City State Zip Code Brookfield WI 53005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. NMRS Federal Political Committee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address P.O. Box 11070		Transaction ID: SA11C.14433
City State Zip Code Columbia SC 29211	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. North Carolina Farm Bureau FARMPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address P.O. Box 27766		Transaction ID: SA11C.14421
City State Zip Code Raleigh NC 27611	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
North Carolina Pork Council PAC

Mailing Address 2300 Rexwoods Drive
Suite 340

City Raleigh State NC Zip Code 27607

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11C.14410

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Owens for NC House

Mailing Address 113 Hunters Trail East

City Elizabeth City State NC Zip Code 27909

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2006

Transaction ID: SA11C.14360

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Penske Truck Leasing PAC

Mailing Address P.O. Box 563

City Reading State PA Zip Code 19603

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11C.14402

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Physical Therapy PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 1111 N. Fairfax Street		Transaction ID: SA11C.14403	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4500.00		

Full Name (Last, First, Middle Initial) B. Rain and Hail Insurance Society PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 9200 Northpark Drive Suite 300		Transaction ID: SA11C.14412	
City State Zip Code Johnston IA 50131	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Raytheon PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 1100 Wilson Boulevard Suite 1500		Transaction ID: SA11C.14392	
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address **700 Eleventh Street NW**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: SA11C.14422

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Siemens Corporation PAC

Mailing Address **701 Pennsylvania Ave. NW
Suite 720**

City **Washington** State **DC** Zip Code **20004**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	6

Transaction ID: SA11C.14385

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Smithfield Foods Inc. PAC

Mailing Address **1050 Connecticut Ave. NW
Suite 1200**

City **Washington** State **DC** Zip Code **20036**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

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

Transaction ID: SA11C.14362

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 94
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Southern Minnesota Sugar Cooperative PAC - Federal

Mailing Address P.O. Box 500

City State Zip Code
Renville MN 56284

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2006

Transaction ID: SA11C.14400

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
SunTrust Bank Good Government Group - Carolinas - Federal Funds

Mailing Address 1414 Raleigh Road Suite 150
NCFNC-Chapel Hill-8012

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11C.14379

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Treasury Employees PAC

Mailing Address 901 E Street NW
Suite 600

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.14429

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 94
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) UAW V CAP Mailing Address 1757 N Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: SA11C.14382 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) United Transportation Union PAC Mailing Address 14600 Detroit Avenue City Cleveland State OH Zip Code 44107 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 Transaction ID: SA11C.14399 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00	

C. Full Name (Last, First, Middle Initial) Universal PAC (Federal) Mailing Address P.O. Box 25099 City Richmond State VA Zip Code 23260 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11C.14376 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 65 / 94	
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
USA Rice Federation PAC

Mailing Address 4301 North Fairfax Drive
Suite 425

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	0	6

Transaction ID: SA11C.14397

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	64325.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 66 / 94	
	(check only one)			
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
New Century Bank

Mailing Address P.O. Box 1988

City State Zip Code
Dunn NC 28335

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11366.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA15.14441

Amount of Each Receipt this Period
5.49

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

SUBTOTAL of Receipts This Page (optional)	▶	5.49
TOTAL This Period (last page this line number only)	▶	5.49

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: SB17.13957 Date of Disbursement 01 / 13 / 2006	
Mailing Address P.O. Box 33009		Amount of Each Disbursement this Period 99.00	
City Charlotte State NC Zip Code 28243	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: SB17.13978 Date of Disbursement 02 / 07 / 2006	
Mailing Address P.O. Box 33009		Amount of Each Disbursement this Period 104.58	
City Charlotte State NC Zip Code 28243	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: SB17.14018 Date of Disbursement 03 / 14 / 2006	
Mailing Address P.O. Box 33009		Amount of Each Disbursement this Period 103.52	
City Charlotte State NC Zip Code 28243	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	307.10
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: SB17.14045 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 33009		Amount of Each Disbursement this Period 109.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28243		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.13961 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601		
Purpose of Disbursement PAC Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.13962 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601		
Purpose of Disbursement In-District Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4609.68
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.13963 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative Services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.13971 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 117.86
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimb. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.13972 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 37.99
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gift Exp.Reimb. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	655.85
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.13973 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 154.23
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Exp.Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.13998 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAC Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.13999 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-District Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4654.23
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.14000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.14008 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAC Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.14009 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-District Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.14010 Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00	
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Administrative Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.14024 Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2006	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1214.33	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.14025 Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2006	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 810.53	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Computer Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2524.86
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DWD Software Development Corp.		Transaction ID: SB17.14026 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 473.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Mailing Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.14027 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 219.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.14028 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 226.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Computer Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	920.01
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 74 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DWD Software Development Corp.		Transaction ID: SB17.14029 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 105.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Mailing Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.14030 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1374.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Direct Mail Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.14033 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1645.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3124.65
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 75 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DWD Software Development Corp.		Transaction ID: SB17.14034 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 669.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Computer Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.14035 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 522.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Mailing Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Etheridge		Transaction ID: SB17.13950 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 63.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Mileage Reimb. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1255.97
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)

PAGE 76 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bob Etheridge		Transaction ID: SB17.13951 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 170.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Meeting/Food Exp.Reimb. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bob Etheridge		Transaction ID: SB17.13952 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 602.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Gift Exp.Reimb. Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Grassroots Press		Transaction ID: SB17.13981 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 401 1/2 W. Peace Street		Amount of Each Disbursement this Period 245.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Printing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1017.97
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 77 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

<p>A. Howard's Barbecue</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: SB17.14011</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="10"/> <input type="text" value="2006"/></p>
<p>Mailing Address P.O. Box 844 100 S. Main Street</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="973.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Lillington State NC Zip Code 27546</p>	<p>Purpose of Disbursement Catering Expense</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>B. JCC</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: SB17.14032</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="23"/> <input type="text" value="2006"/></p>
<p>Mailing Address P.O. Box 2350</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Smithfield State NC Zip Code 27577</p>	<p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Karen Tam Photography</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Transaction ID: SB17.13946</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="2006"/></p>
<p>Mailing Address 800 St. Mary's Street Suite 204</p>		<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Raleigh State NC Zip Code 27605</p>	<p>Purpose of Disbursement Photo Expense</p> <p>Candidate Name</p> <p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1523.60"/></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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lasting Printing & Graphics		Transaction ID: SB17.13949 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 2330.46
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lasting Printing & Graphics		Transaction ID: SB17.13974 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 770.40
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lasting Printing & Graphics		Transaction ID: SB17.13975 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 413.02
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3513.88
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lasting Printing & Graphics		Transaction ID: SB17.13996 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Lower Level 733 W. Johnson Street		Amount of Each Disbursement this Period 1488.37
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lasting Printing & Graphics		Transaction ID: SB17.14017 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address Lower Level 733 W. Johnson Street		Amount of Each Disbursement this Period 516.81
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mike Davis Public Relations		Transaction ID: SB17.13988 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 303 West Jones Street Suite 210		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Campaign Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4005.18
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 80 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Mike Davis Public Relations Full Name (Last, First, Middle Initial) Mailing Address 303 West Jones Street Suite 210 City Raleigh State NC Zip Code 27603 Purpose of Disbursement General Campaign Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14003 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. NAACP - Fayetteville Branch Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 36365 City Fayetteville State NC Zip Code 28303 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.13968 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. National Pork Producers Council PORK PAC Full Name (Last, First, Middle Initial) Mailing Address 122 C Street NW Suite 875 City Washington State DC Zip Code 20001 Purpose of Disbursement In-kind - Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14042 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 398.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2578.52
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. NC Democratic Party		Transaction ID: SB17.14012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 12196		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27605	Purpose of Disbursement Voter File Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NC Department of Revenue		Transaction ID: SB17.14041 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 25000		Amount of Each Disbursement this Period 759.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27640	Purpose of Disbursement NC Income Tax Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NC State Board of Elections		Transaction ID: SB17.13982 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 506 N. Harrington Street		Amount of Each Disbursement this Period 1652.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Filing Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5911.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Occoneechee Boyscout Council		Transaction ID: SB17.13990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 3231 Atlantic Avenue		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27604	Purpose of Disbursement Sponsorship Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Praigg & Praigg		Transaction ID: SB17.14016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 3622 Lyckan Parkway Suite 5008		Amount of Each Disbursement this Period 18.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Durham State NC Zip Code 27707	Purpose of Disbursement Tax Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Debbie Privette		Transaction ID: SB17.14004 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 1245		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Zebulon State NC Zip Code 27597	Purpose of Disbursement Consulting/Voter Contact Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2768.75
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)

PAGE 83 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Raleigh Convention Center		Transaction ID: SB17.14002 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 500 Fayetteville St. Mall		Amount of Each Disbursement this Period 2460.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RBC Centura Bank		Transaction ID: SB17.14036 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1100 West Broad Street		Amount of Each Disbursement this Period 45.50
City Dunn State NC Zip Code 28335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bankcard Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RBC Centura Bank		Transaction ID: SB17.14037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 1100 West Broad Street		Amount of Each Disbursement this Period 15.00
City Dunn State NC Zip Code 28335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bankcard Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2520.50
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. RBC Centura Bank		Transaction ID: SB17.14038 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="02"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Printed Item Charge	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="16.50"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RBC Centura Bank		Transaction ID: SB17.14039 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Bankcard Fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="34.15"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RBC Centura Bank		Transaction ID: SB17.14040 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Federal Income Tax	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1660.00"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1710.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Signs by Tomorrow Full Name (Last, First, Middle Initial) Mailing Address 527 Hillsborough Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement Sign Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14023 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 133.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. State Farmers Market Full Name (Last, First, Middle Initial) Mailing Address 1240 Farmers Market Drive City Raleigh State NC Zip Code 27603 Purpose of Disbursement Catering Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.13984 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 497.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. U.S. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 311 New Bern Avenue City Raleigh State NC Zip Code 27611 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.13954 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 1053.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1684.04
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: SB17.13979 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 1833.00	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: SB17.13986 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 195.00	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Postage	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: SB17.14019 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6	
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 80.00	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Box Rental	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2108.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.13944 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 98.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.13976 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 71.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.14022 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 134.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	304.87
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)

PAGE 88 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard B. Wallace		Transaction ID: SB17.13958 Date of Disbursement 01 / 24 / 2006	
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 3208.11	
City Lillington State NC Zip Code 27546	Purpose of Disbursement Mileage Reimb.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Richard B. Wallace		Transaction ID: SB17.13959 Date of Disbursement 01 / 24 / 2006	
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 143.39	
City Lillington State NC Zip Code 27546	Purpose of Disbursement Telephone Exp.Reimb.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Richard B. Wallace		Transaction ID: SB17.13960 Date of Disbursement 01 / 24 / 2006	
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 1273.40	
City Lillington State NC Zip Code 27546	Purpose of Disbursement Consulting/Voter Contact	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4624.90
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 89 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard B. Wallace		Transaction ID: SB17.13991 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 49.49
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Exp.Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard B. Wallace		Transaction ID: SB17.13992 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 14.97
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard B. Wallace		Transaction ID: SB17.13993 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 12.00
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Map Exp.Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	76.46
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)

PAGE 90 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Richard B. Wallace		Transaction ID: SB17.13994 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 17.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Food Exp.Reimb.	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard B. Wallace		Transaction ID: SB17.13995 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 895.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Mileage Reimb.	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard B. Wallace		Transaction ID: SB17.14006 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 47.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Telephone Exp.Reimb.	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	960.33
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 94

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Richard B. Wallace</p> <p>Mailing Address 85 Oak Street</p> <p>City Lillington State NC Zip Code 27546</p> <p>Purpose of Disbursement Mileage Reimb.</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: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.14007</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="873.58"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Young Democrats of NC</p> <p>Mailing Address 220 Hillsborough Street</p> <p>City Raleigh State NC Zip Code 27603</p> <p>Purpose of Disbursement Ad/Event Tickets</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: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.14015</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

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 92 / 94

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Daniel Brian Gurkin

Mailing Address 100 Moore Street

City Erwin State NC Zip Code 28339

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.14442

Date of Disbursement

03 / 26 / 2006

Amount of Each Disbursement this Period

800.00

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

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 94

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: SB21.14043 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 16000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Unlimited Transfer to Natl. Party Comm.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NC Democratic Party		Transaction ID: SB21.13977 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 12196		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27605	Purpose of Disbursement Non-Federal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NC Democratic Party		Transaction ID: SB21.14046 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 12196		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27605	Purpose of Disbursement Non-Federal Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	16600.00
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 94 / 94

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Wake County Democratic Party		Transaction ID: SB21.13997 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 250.00	
City Raleigh State NC Zip Code 27603	Purpose of Disbursement Non-Federal Contribution Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	16850.00