

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

MCHENRY FOR CONGRESS

ADDRESS (number and street) PO BOX 1406

Check if different than previously reported. (ACC)

HICKORY NC 28603

2. **FEC IDENTIFICATION NUMBER** C00393629

CITY STATE ZIP CODE STATE DISTRICT

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

NC 10

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

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

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

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

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

5. Covering Period 04 17 2008 through 06 30 2008

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

Type or Print Name of Treasurer Catherine McHenry Rains

Signature of Treasurer Electronically Filed by Catherine McHenry Rains Date 09 05 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MCHENRY FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
1	7

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	145665.00	1031794.67
(b) Total Contribution Refunds (from Line 20(d)).....	600.00	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	145065.00	1031194.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	235176.02	881831.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	350.00	1162.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	234826.02	880669.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	410742.15	
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).....	265500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 MCHENRY FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
1	7

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

93260.00

467342.26

(ii) Unitemized.....

8405.00

59384.00

(iii) TOTAL of contributions

101665.00

526726.26

from individuals..... ▶

0.00

103.00

(b) Political Party Committees.....

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

44000.00

504965.41

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

145665.00

1031794.67

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

0.00

0.00

13. LOANS

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

175000.00

175000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

175000.00

175000.00

14. OFFSETS TO OPERATING EXPENDITURES

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

350.00

1162.00

15. OTHER RECEIPTS

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

0.00

0.00

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

321015.00

1207956.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	235176.02	881831.46
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.....	600.00	600.00
(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)).....	600.00	600.00
21. OTHER DISBURSEMENTS.....	160.00	78310.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	235936.02	960741.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	325663.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	321015.00
25. SUBTOTAL (add Line 23 and Line 24).....	646678.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	235936.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	410742.15

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Beverly Acuff</p> <p>Mailing Address 239 Balsam Avenue</p> <p>City State Zip Code Spruce Pine NC 28777</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Hospice of Mitchell Occupation: Hospice Nurse</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 24 / 2008</p> <p>Transaction ID: 80714.C8029</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Matteo Agosta</p> <p>Mailing Address 8127 Peninsula Ln</p> <p>City State Zip Code Sherrills Ford NC 28673-9249</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Steele Rubber Products Occupation: President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 450.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: 80714.C8095</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Susan Aiello</p> <p>Mailing Address 3603 Bermuda Dr NE</p> <p>City State Zip Code Conover NC 28613-9428</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: None Occupation: Homemaker</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 23 / 2008</p> <p>Transaction ID: 80714.C8015</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 104

(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
							15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 155 Charolois Dr

City State Zip Code
Lawndale NC 28090-9425

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

Name of Employer Occupation
Saft General Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80423.C7762

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Stephen Allen

Mailing Address 1840 Tanglebriar Ct

City State Zip Code
Matthews NC 28104-7859

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

Name of Employer Occupation
A3 Technologies President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

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

Transaction ID: 80714.C8098

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Robert Austin

Mailing Address 180 Water Oak Dr

City State Zip Code
 Mooresville NC 28117-6903

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

Name of Employer Occupation
Abraxis Bioscience Sales

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80714.C7859

Amount of Each Receipt this Period

250.00

Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lamar Baker

Mailing Address PO Box 754

City Belmont State NC Zip Code 28012-0754

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 04 / 23 / 2008
Transaction ID: 80423.C7776

Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Barrett

Mailing Address 297 Bee Tree Pt

City Lake Lure State NC Zip Code 28746-8601

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8058

Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Romona Bell

Mailing Address 238 Valleyview Dr

City Forest City State NC Zip Code 28043-4107

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2008
Transaction ID: 80714.C7952

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Blaine Biddix
Mailing Address 12513 Hwy 226 South
City Spruce Pine State NC Zip Code 28777
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Trucking
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 20 / 2008
Transaction ID: 80714.C8003
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Bittle
Mailing Address 409 Fairway Dr
City Lake Lure State NC Zip Code 28746-9857
FEC ID number of contributing federal political committee. **C**
Name of Employer Custom Home Builder Occupation General Contractor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8059
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alan Bormuth
Mailing Address 3127 Port St
City Morganton State NC Zip Code 28655
FEC ID number of contributing federal political committee. **C**
Name of Employer Bormuth Associates Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 23 / 2008
Transaction ID: 80714.C7875
Amount of Each Receipt this Period 500.00
Receipt
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Boyd
 Mailing Address PO Box 1147
 City Tallahassee State FL Zip Code 32302-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Mechanical Engineer
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) Amount: 1000.00
 Date of Receipt: 06 / 16 / 2008
Transaction ID: 80714.C7978
 Amount of Each Receipt this Period: 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Steven Bradley
 Mailing Address 228 Sherwood Pines Dr
 City Mooresville State NC Zip Code 28115-4290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Anesthesiologist
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) Amount: 1000.00
 Date of Receipt: 06 / 03 / 2008
Transaction ID: 80714.C7926
 Amount of Each Receipt this Period: 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Patricia Broderick
 Mailing Address 105 Quail Ln
 City Mooresville State NC Zip Code 28117-8452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) Amount: 300.00
 Date of Receipt: 04 / 29 / 2008
Transaction ID: 80430.C7823
 Amount of Each Receipt this Period: 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Douglas Brown
Mailing Address 1300 S Dekalb St
City State Zip Code
Shelby NC 28152-7210
FEC ID number of contributing federal political committee. **C**
Name of Employer Triple D Publishing Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8
Transaction ID: 80714.C7843
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Douglas Brown
Mailing Address 1300 S Dekalb St
City State Zip Code
Shelby NC 28152-7210
FEC ID number of contributing federal political committee. **C**
Name of Employer Triple D Publishing Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8
Transaction ID: 80714.C7842
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Broyhill
Mailing Address 1930 Virginia Road
City State Zip Code
Winston Salem NC 27104
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8
Transaction ID: 80423.C7761
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bill Burleson

Mailing Address 1090 Greenwood Road

City State Zip Code
Spruce Pine NC 28777

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cardinal Insurance Agency INS Agent

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
06 / 30 / 2008
Transaction ID: 80714.C8116

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Shelia Burns

Mailing Address 1747 Orchard Dr

City State Zip Code
Lenoir NC 28645-8448

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
04 / 22 / 2008
Transaction ID: 80423.C7766

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Clyde Burr

Mailing Address 1608 Spangler Dr

City State Zip Code
Shelby NC 28150-6136

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
05 / 23 / 2008
Transaction ID: 80714.C7871

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) 370.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Clyde Burr

Mailing Address 1608 Spangler Dr

City State Zip Code
Shelby NC 28150-6136

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C7983

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
Ted Cash

Mailing Address 2616 Oak Grove Rd

City State Zip Code
Shelby NC 28150

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: 80423.C7760

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Edward Cavallone

Mailing Address 105 Heritage Lance

City State Zip Code
Morganton NC 28655

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 8

Transaction ID: 80714.C7837

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2420.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Cavallone

Mailing Address 105 Heritage Lance

City State Zip Code
Morganton NC 28655

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80714.C7916

Amount of Each Receipt this Period
110.00

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

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

Mailing Address 158 W Maranta Rd

City State Zip Code
Mooreville NC 28117

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

Name of Employer Princeton Management Occupation Developer

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C8012

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James Cowan

Mailing Address PO Box 551

City State Zip Code
Spindale NC 28160-0551

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

Name of Employer Stonecutters Mill Corp Occupation Textiles

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C8034

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **860.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mark Craig

Mailing Address 1620 Fairfax Road

City Greensboro State NC Zip Code 27407

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

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

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 19 / 2008
Transaction ID: 80714.C7993

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Lewis Curlee

Mailing Address 524 Bonview Ave

City Lincolnton State NC Zip Code 28092-2004

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

Name of Employer None
Occupation Retired Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2008
Transaction ID: 80430.C7815

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Scott Dacey

Mailing Address 139 Trent Shores Dr

City Trent Woods State NC Zip Code 28562

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

Name of Employer Pace-capstone
Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8131

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 104
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Frank Drendel</p> <p>Mailing Address PO Box 9212</p> <p>City State Zip Code Hickory NC 28603-9212</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CommScope, Inc Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2800.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 24 / 2008</p> <p>Transaction ID: 80714.C8028</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) David Eagle</p> <p>Mailing Address 19017 Peninsula Point Drive</p> <p>City State Zip Code Cornelius NC 28031</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 02 / 2008</p> <p>Transaction ID: 80714.C7910</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Marty Edwards</p> <p>Mailing Address 150 Peninsula Drive</p> <p>City State Zip Code Mooresville NC 28117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">200.00</p>	<p>Date of Receipt MM / DD / YYYY 06 / 03 / 2008</p> <p>Transaction ID: 80714.C7924</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 16 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lee Ellis

Mailing Address 53 Spruce Pine Campground Road

City State Zip Code
Spruce Pine NC 28777-0569

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

Name of Employer Cardinal Insurance Agency Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: 80714.C8021

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2347 Northlake Court NE

City State Zip Code
Atlanta GA 30345-2223

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: 80714.C7872

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Lori Ferrell

Mailing Address 967 Duncan Lane

City State Zip Code
Iron Station NC 28080

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8135

Amount of Each Receipt this Period
2300.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
William Ferrell

Mailing Address 967 Duncan Lane

City Iron Station State NC Zip Code 28080

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

Name of Employer WBS Contracting Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 80714.C8091

Amount of Each Receipt this Period 2300.00

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

B.

Full Name (Last, First, Middle Initial)
Al Fiore

Mailing Address 160 Gasoline Alley

City Mooresville State NC Zip Code 28117

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

Name of Employer PowerWorks Electric, LLC Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2008

Transaction ID: 80714.C7901

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Al Fiore

Mailing Address 160 Gasoline Alley

City Mooresville State NC Zip Code 28117

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

Name of Employer PowerWorks Electric, LLC Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 80714.C8107

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3300.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Gilleland
 Mailing Address 119 Labans Lane
 City State Zip Code
 Lincolnton NC 28092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gilleland & Associates Owner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 8
Transaction ID: 80430.C7819
 Amount of Each Receipt this Period
 250.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donna Goodrich
 Mailing Address 135 Ashbourne Lake Court
 City State Zip Code
 Clemmons NC 27012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FHLB of Atlanta Director
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8
Transaction ID: 80714.C7971
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Green
 Mailing Address 118 Red Brook Lane
 City State Zip Code
 Mooresville NC 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lowes Company Vice President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8
Transaction ID: 80714.C8025
 Amount of Each Receipt this Period
 500.00
 Receipt
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 104

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Herbert Greene

Mailing Address 30 Meandering Way

City State Zip Code
Granite Falls NC 28630-9328

FEC ID number of contributing federal political committee. C

Name of Employer Caldwell County Occupation County Commissioner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: 80423.C7768

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Roberta Gross

Mailing Address 247 Shiloh Rd

City State Zip Code
Forest City NC 28043-6958

FEC ID number of contributing federal political committee. C

Name of Employer Foot and Ankle Center Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: 80714.C8004

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Steve Hall

Mailing Address 115 Gunpowder View Circle

City State Zip Code
Granite Falls NC 28630

FEC ID number of contributing federal political committee. C

Name of Employer Merchants Distributors Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: 80714.C7985

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hal Harrison

Mailing Address PO Box 248

City Spruce Pine State NC Zip Code 28777-0248

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2008
Transaction ID: 80714.C8048
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Maria Haughton

Mailing Address 633 Stillwater Rd

City Troutman State NC Zip Code 28166-8692

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

Name of Employer American Stainless Occupation CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 06 / 02 / 2008
Transaction ID: 80714.C7906
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Faye Higgins

Mailing Address 1620 Holly Ct NW

City Lenoir State NC Zip Code 28645-4831

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

Name of Employer Caldwell County Occupation County Commissioner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 04 / 22 / 2008
Transaction ID: 80423.C7764
 Amount of Each Receipt this Period 100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Higgins
 Mailing Address 262 Harbor Town Dr
 City State Zip Code
 Taylorsville NC 28681-7644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 H K Research Corp President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 1000.00
 Transaction ID: 80425.C7812
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Hill
 Mailing Address 240 McCall Dr
 City State Zip Code
 Forest City NC 28043-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rutherford County Commissioner
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 100.00
 Transaction ID: 80714.C8057
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ralph Hise
 Mailing Address 44 Hemlock Ave.
 City State Zip Code
 Spruce Pine NC 28777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayland Community College Accountant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Amount of Each Receipt this Period: 500.00
 Transaction ID: 80714.C8118
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Elizabeth Holland

Mailing Address 4125 5th Street, NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
Housewife Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: 80430.C7821

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Keith Holtsclaw

Mailing Address 468 Apple Ln

City State Zip Code
Spruce Pine NC 28777-5480

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

Name of Employer Occupation
Spruce Pine Community Hos- Hospital
pital Hospital CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80714.C8005

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 108 Gateway Blvd.
Suite 102

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
The Langtree Group Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80714.C8102

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 104
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Richard Howard	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 110 Ventana Ct	Transaction ID: 80714.C7863
	City State Zip Code Mooreville NC 28117-7567	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Land Acquisition & Investment Occupation Developer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00	

B.	Full Name (Last, First, Middle Initial) Richard Howard	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 110 Ventana Ct	Transaction ID: 80714.C8103
	City State Zip Code Mooreville NC 28117-7567	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Land Acquisition & Investment Occupation Developer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) William Howard	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 405B Tremont Park Circle SE	Transaction ID: 80423.C7767
	City State Zip Code Lenoir NC 28645	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Bernhardt Furniture Occupation Executive Receipt For: 2008 <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)	1850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 104

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Gilda Huffman

Mailing Address P.O. Box 1569

City State Zip Code
Conover NC 28613

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

Name of Employer Occupation
Homemaker Homeschool Mom

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: 80714.C7849

Amount of Each Receipt this Period

2000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Gary Jensen

Mailing Address P.O. Box 399

City State Zip Code
Little Switzerland NC 28749

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

Name of Employer Occupation
Self Employed Hotel Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 80714.C8121

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Douglas Johnson

Mailing Address 1023 Wellington Ct

City State Zip Code
Lenoir NC 28645-8200

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

Name of Employer Occupation
Blue Ridge EMC CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80430.C7817

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roger Johnson
Mailing Address 27 Walnut Dr
City Arden State NC Zip Code 28704-9758
FEC ID number of contributing federal political committee. **C**
Name of Employer Prudential Occupation Financial Advisor
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
200.00
Date of Receipt 04 / 23 / 2008
Transaction ID: 80423.C7778
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Allan Jones
Mailing Address PO Box 1015
City Cleveland State TN Zip Code 37364-1015
FEC ID number of contributing federal political committee. **C**
Name of Employer Jones Management Occupation President
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8073
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Keen
Mailing Address 378 Hillcrest Circle
City Spruce Pine State NC Zip Code 28777
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8062
Amount of Each Receipt this Period 1000.00
Receipt
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sylvia Kercher
Mailing Address 560 11th Avenue Cir NW
City Hickory State NC Zip Code 28601-3628
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation None
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00
Date of Receipt 06 / 05 / 2008
Transaction ID: 80714.C7938
Amount of Each Receipt this Period 110.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Helene Keyzer
Mailing Address 204 Merewood Rd
City Belmont State NC Zip Code 28012-3741
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8120
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brent Kincaid
Mailing Address 2703 Lakeview Dr
City Lenoir State NC Zip Code 28645-9738
FEC ID number of contributing federal political committee. **C**
Name of Employer Kincaid Furniture Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 04 / 29 / 2008
Transaction ID: 80430.C7830
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3410.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 114 Ventana Court

City State Zip Code
Mooreville NC 28117

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Investor

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

Date of Receipt

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

Transaction ID: 80714.C8104

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Spencer Kupferman

Mailing Address 450 E. 83rd St. Apt. 19B

City State Zip Code
New York NY 10028-6293

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Global Software, Inc Vice President

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

Date of Receipt

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

Transaction ID: 80714.C8064

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
H Langley

Mailing Address 306 Windsor Dr

City State Zip Code
Shelby NC 28150-6057

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Pest Control

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: 80423.C7771

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jess Ledford
Mailing Address PO Box 212
City Bakersville State NC Zip Code 28705
FEC ID number of contributing federal political committee. **C**
Name of Employer MPI Occupation Businessman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8063
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Lewis
Mailing Address 116 Kingsway Dr
City Dunn State NC Zip Code 28334-5500
FEC ID number of contributing federal political committee. **C**
Name of Employer Harnett Tractor Co Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8066
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Maimone
Mailing Address 1851 Clark Rd
City Rutherfordton State NC Zip Code 28139-8370
FEC ID number of contributing federal political committee. **C**
Name of Employer Thomas Jefferson Classical Occupation Headmaster
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 100.00
Date of Receipt 05 / 01 / 2008
Transaction ID: 80503.C7834
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Maimone

Mailing Address 1851 Clark Rd

City Rutherfordton State NC Zip Code 28139-8370

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

Name of Employer Thomas Jefferson Classical Occupation Headmaster

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 06 / 17 / 2008
Transaction ID: 80714.C7986
Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Randy Marion

Mailing Address PO Box 1559

City Mooresville State NC Zip Code 28115-1559

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

Name of Employer Randy Marion Chevrolet Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 02 / 2008
Transaction ID: 80714.C7909
Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
John Marshall

Mailing Address 8787 Bay Colony Dr Apt 503 #503

City Naples State FL Zip Code 34108-0782

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2008
Transaction ID: 80714.C8045
Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Marvin
 Mailing Address 2993 Broadmoor Valley Rd
 City State Zip Code
 Colorado Springs CO 80906-4471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired Restaurant Franchisee
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8113
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mark McGinnis
 Mailing Address 1722 5th St Dr, NW
 City State Zip Code
 Hickory NC 28601-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hickory Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00
 Date of Receipt 06 / 20 / 2008
Transaction ID: 80714.C8000
 Amount of Each Receipt this Period 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steven McGlothlin
 Mailing Address 1073 Briarcliff Rd
 City State Zip Code
 Mooresville NC 28115-2716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer True2Form Collision Repair Occupation Southeast Regional President
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00
 Date of Receipt 05 / 23 / 2008
Transaction ID: 80714.C7861
 Amount of Each Receipt this Period 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 1073 Briarcliff Rd

City State Zip Code
Mooreville NC 28115-2716

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

Name of Employer True2Form Collision Repair Occupation Southeast Regional President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8108

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Janice McKinney

Mailing Address 124 Sheepnose Dr

City State Zip Code
Lake Lure NC 28746-8767

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C8039

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Debra Meadows

Mailing Address P.O. Box 811

City State Zip Code
Highlands NC 28741

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8167

Amount of Each Receipt this Period
2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Meadows

Mailing Address P.O. Box 811

City State Zip Code
Highlands NC 28741

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

Name of Employer Self Employed Occupation Realtor

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 80714.C8101

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Grey Mills

Mailing Address 156 Brick Kiln Way

City State Zip Code
Mooreville NC 28117-3710

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

Name of Employer Self Employed Occupation Attorney

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

Date of Receipt
MM / DD / YYYY
05 / 23 / 2008

Transaction ID: 80714.C7860

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Eric Mondres

Mailing Address 15082 Stillfield Pl

City State Zip Code
Centreville VA 20120

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

Name of Employer Fhl Bank Atlanta Occupation Executive

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 80714.C7973

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2950.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Moretz
Mailing Address 1779 8th Street Dr NW
City State Zip Code
Hickory NC 28601-2371
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Mills, Inc Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8
Transaction ID: 80423.C7773
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Morgan
Mailing Address 316 Tennessee Cir
City State Zip Code
Mooreville NC 28117-8466
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 8
Transaction ID: 80714.C7944
Amount of Each Receipt this Period
100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Myers
Mailing Address 147 Magnolia Dr
City State Zip Code
Rutherfordton NC 28139-6408
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Real Estate
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8
Transaction ID: 80714.C7953
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carl Parton

Mailing Address 581 Oscar Justice Rd

City Rutherfordton State NC Zip Code 28139-8114

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

Name of Employer Parton Lumber Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt 06 / 24 / 2008
Transaction ID: 80714.C8027
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
William Parton

Mailing Address 2250 Hwy 221 N

City Rutherfordton State NC Zip Code 28139-9512

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

Name of Employer Gilkey Lumber Company Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 80714.C8009
 Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 1900 Smith Farm Rd

City Lincolnton State NC Zip Code 28092-0905

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 04 / 23 / 2008
Transaction ID: 80423.C7779
 Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► 4900.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard Peabody
Mailing Address 203 Knoxview Ln
City Mooresville State NC Zip Code 28117-9689
FEC ID number of contributing federal political committee. **C**
Name of Employer Shelco, Inc Occupation General Contractor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1550.00
Date of Receipt 06 / 03 / 2008
Transaction ID: 80714.C7918
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Van Phillips
Mailing Address 12019 S 226 Hwy
City Spruce Pine State NC Zip Code 28777-8909
FEC ID number of contributing federal political committee. **C**
Name of Employer EDC-Mitchell County Occupation Director
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt 06 / 20 / 2008
Transaction ID: 80714.C7999
Amount of Each Receipt this Period 300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Suzanne Pittenger
Mailing Address 7730 Baltusrol Ln
City Charlotte State NC Zip Code 28210-4930
FEC ID number of contributing federal political committee. **C**
Name of Employer Bahakel Communications Occupation Marketing
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4700.00
Date of Receipt 05 / 27 / 2008
Transaction ID: 80714.C7887
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Annette Plotkin
Mailing Address 4218 Dan Wood Drive
City Thousand Oaks State CA Zip Code 91362
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8194
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ronald Plotkin
Mailing Address 4218 Dan Wood Dr
City Thousand Oaks State CA Zip Code 91362-4705
FEC ID number of contributing federal political committee. **C**
Name of Employer Monster Occupation Chief Operating Officer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8082
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Phillip Redmond
Mailing Address P.O. Box 287
City Statesville State NC Zip Code 28687
FEC ID number of contributing federal political committee. **C**
Name of Employer County of Iredell Occupation Sheriff
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 04 / 29 / 2008
Transaction ID: 80430.C7828
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 104
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Rhodes

Mailing Address 630 Union St S

City State Zip Code
Concord NC 28025-5626

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 80425.C7814

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1367 Nc 108 Hwy

City State Zip Code
Rutherfordton NC 28139-7325

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8089

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Michael Roberts

Mailing Address 1367 Nc 108 Hwy

City State Zip Code
Rutherfordton NC 28139-7325

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

Name of Employer Self Employed Occupation Orthopedic Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8088

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Michael Shott

Mailing Address P.O. Box 3818

City State Zip Code
Mooreville NC 28117

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

Name of Employer Jan Pak, Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 80714.C7899

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

B.

Full Name (Last, First, Middle Initial)
Frances Sinnett

Mailing Address 1081 Long Drive

City State Zip Code
Newton NC 28658

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80423.C7769

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

C.

Full Name (Last, First, Middle Initial)
Hamilton Sloan

Mailing Address 227 Lands End Road

City State Zip Code
Morehead City NC 28557

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

Name of Employer General Parts Intl Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 80714.C7841

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Frank Stewart

Mailing Address 2000 Rhyne Carter Road

City State Zip Code
Gastonia NC 28054

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

Name of Employer Ultra Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C8043

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Michele Stewart

Mailing Address 2000 Rhyne Carter Road

City State Zip Code
Gastonia NC 28054

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C8042

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Sara Tice

Mailing Address 105 Clearwater Ln

City State Zip Code
Mooresville NC 28117-7529

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

Name of Employer Pless-Haire Insurance Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: 80714.C7908

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walter Truitt

Mailing Address 147 35th Avenue NE

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
The Best of Beers Executive

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: 80714.C8100

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth Tucker

Mailing Address PO Box 1169

City State Zip Code
Denver NC 28037-1169

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

Name of Employer Occupation
Denver Construction President

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 80714.C7976

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Dale Tweedy

Mailing Address 146 Brick Kiln Way

City State Zip Code
Mooresville NC 28117-3710

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

Name of Employer Occupation
Self Employed Real Estate Investments

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 80714.C7951

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Philip Vineyard
 Mailing Address 30 Rhett's Bluff Road
 City State Zip Code
 Johns Island SC 29455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PPU, Inc. Occupation CEO
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8
Transaction ID: 80714.C7977
 Amount of Each Receipt this Period
 2300.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bram Weber
 Mailing Address 201 N Service Rd Ste 300
 City State Zip Code
 Melville NY 11747-3126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Weber Law Group Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8
Transaction ID: 80714.C8065
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frederick Willetts
 Mailing Address P.O. Box 600
 City State Zip Code
 Wilmington NC 28402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cooperative Bank Occupation CEO
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 6 / 2 0 0 8
Transaction ID: 80714.C7972
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
H Grey Winfield

Mailing Address 965 18th Avenue Cir NW

City State Zip Code
Hickory NC 28601-1200

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 80424.C7807

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mark Wise

Mailing Address 812 Scotty Ct

City State Zip Code
Cramerton NC 28032-1656

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

Name of Employer Smith-nephew, Inc Occupation Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 80423.C7775

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Paul Yantchook

Mailing Address 6728 N 226 Hwy

City State Zip Code
Bakersville NC 28705-7566

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C8112

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Benny Yount

Mailing Address 1712 8th Street Dr SE

City State Zip Code
Hickory NC 28602-9656

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

Name of Employer Occupation
Paramount Motor Sales President

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

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 80714.C7975

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Arthur Zeits

Mailing Address PO Box 337

City State Zip Code
Lake Lure NC 28746

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

Name of Employer Occupation
Self Employed General Contractor

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

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 80714.C7933

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
Arthur Zeits

Mailing Address PO Box 337

City State Zip Code
Lake Lure NC 28746

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

Name of Employer Occupation
Self Employed General Contractor

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

Date of Receipt
MM / DD / YYYY
06 / 24 / 2008

Transaction ID: 80714.C8026

Amount of Each Receipt this Period
100.00

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

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

TOTAL This Period (last page this line number only) ▶ **93260.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AKFCF PAC
Mailing Address PO Box 26366
City Alexandria State VA Zip Code 22313
FEC ID number of contributing federal political committee. **C** C00412098
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 23 / 2008
Transaction ID: 80714.C7864
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Altria Group Inc. PAC
Mailing Address 101 Constitution Ave NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00089136
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8110
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Council of Engineering Co PAC
Mailing Address 1015 15th Street, NW #802
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00010868
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8076
Amount of Each Receipt this Period 3000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bank of America Corp. Federal PAC

Mailing Address 100 N TRYON STREET

City State Zip Code
Charlotte NC 28255-0001

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 8

Transaction ID: 80714.C8036

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
Bridgestone Americas Holding Inc. PAC

Mailing Address 607 14th St NW Ste 500

City State Zip Code
Washington DC 20005-2023

FEC ID number of contributing federal political committee. **C** C00371948

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 8

Transaction ID: 80430.C7822

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Capital One Financial Corp. Assn. PAC

Mailing Address 1680 Capital One Dr # 19050-1201

City State Zip Code
McLean VA 22102-3406

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 2 / 2 0 0 8

Transaction ID: 80714.C7917

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 104

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Cash America International Inc PAC

Mailing Address 1600 W 7th St Ste 812

City State Zip Code
Fort Worth TX 76102-2504

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8075

Amount of Each Receipt this Period

2000.00

Receipt

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

B.

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

Mailing Address 515 King Street, Suite 300

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00432534

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8074

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

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

Mailing Address 1101 Pennsylvania Ave NW Ste 1000

City State Zip Code
Washington DC 20004-2524

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2008

Transaction ID: 80714.C8008

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 104

(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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ComPAC

Mailing Address Mutual of Omaha Plaza

City State Zip Code
Omaha NE 68175

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8077

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Corning Incorporated Employees PAC

Mailing Address 325 7th St NW Ste 600
Suite 600

City State Zip Code
Washington DC 20004-2809

FEC ID number of contributing federal political committee. **C** C00033589

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 23 / 2008

Transaction ID: 80714.C7868

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Countrywide Financial Corporation PAC

Mailing Address 1717 Pennsylvania Ave NW # 625

City State Zip Code
Washington DC 20006-4614

FEC ID number of contributing federal political committee. **C** C00282731

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2008

Transaction ID: 80714.C7932

Amount of Each Receipt this Period

3000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 104

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address 8400 Westpark Dr

City State Zip Code
McLean VA 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8109

Amount of Each Receipt this Period

5000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Ernst & Young Political Action Committee

Mailing Address 1225 Connecticut Ave NW Ste 800

City State Zip Code
Washington DC 20036-2604

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 6500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8154

Amount of Each Receipt this Period

2500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
FMR Corp. Political Action Committee

Mailing Address 82 Devonshire St

City State Zip Code
Boston MA 02109-3605

FEC ID number of contributing federal political committee. **C** C00380550

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2008

Transaction ID: 80714.C7858

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

8500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 8200 Jones Branch Road
Mailstop 604

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00404129

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80714.C7848

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW Ste 1100

City State Zip Code
Washington DC 20004-2414

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: 80714.C7867

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Lowe's Companies Inc, PAC

Mailing Address PO Box 1111

City State Zip Code
North Wilkesboro NC 28656-0001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 8

Transaction ID: 80714.C7870

Amount of Each Receipt this Period
2500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Merrill Lynch & Co. Inc. PAC

Mailing Address 1455 Pennsylvania Ave NW FI NORTH3
North Tower - 31st Floor

City Washington State DC Zip Code 20004-1008

FEC ID number of contributing federal political committee. **C** C00040550

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 05 / 23 / 2008
Transaction ID: 80714.C7866
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC

Mailing Address 430 N. Michigan Ave.

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 80714.C8155
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 25 Massachusettes Ave., NW, Suite

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 23 / 2008
Transaction ID: 80714.C8006
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
New York Life Political Action Committee
Mailing Address 51 Madison Ave
City New York State NY Zip Code 10010-1603
FEC ID number of contributing federal political committee. **C** C00158881
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 05 / 06 / 2008
Transaction ID: 80714.C7850
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PFIZER PAC
Mailing Address 235 E 42nd St
City New York State NY Zip Code 10017-5703
FEC ID number of contributing federal political committee. **C** C00016683
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 05 / 01 / 2008
Transaction ID: 80503.C7835
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PFIZER PAC
Mailing Address 235 E 42nd St
City New York State NY Zip Code 10017-5703
FEC ID number of contributing federal political committee. **C** C00016683
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 05 / 23 / 2008
Transaction ID: 80714.C7869
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 52 / 104

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Real Estate Investment Trusts PAC

Mailing Address 1875 I St NW Ste 600

City State Zip Code
Washington DC 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: 80714.C8078

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Washington Mutual PAC

Mailing Address 1215 Fourth Avenue, FCB 1620

City State Zip Code
Seattle WA 98161

FEC ID number of contributing federal political committee. **C** C00129833

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2008

Transaction ID: 80714.C8007

Amount of Each Receipt this Period

1000.00

Receipt

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)

44000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 104	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Patrick Timothy McHenry		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 1100 Requa Rd		Transaction ID: 80714.C8184
City Cherryville	State NC	Zip Code 28021-
FEC ID number of contributing federal political committee. C C00393629		Amount of Each Receipt this Period 175000.00
Name of Employer Self Employed	Occupation Real Estate	Loans Made/Guaranteed by Cand. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 175000.00	

SUBTOTAL of Receipts This Page (optional)	▶	175000.00
TOTAL This Period (last page this line number only)	▶	175000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 104
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Tel Opinion Research

Mailing Address 19 North 6th Street

City State Zip Code
Warrenton VA 20186-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: 80714.C8183

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	350.00

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Advantage, Inc</p> <p>Mailing Address 1611 N. Kent Street Suite 905</p> <p>City Arlington State VA Zip Code 22209-</p> <p>Purpose of Disbursement Automated Call Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2632 Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 9167.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>AUTOMATED CALL SERVICE</p>
<p>B. Full Name (Last, First, Middle Initial) Advantage, Inc</p> <p>Mailing Address 1611 N. Kent Street Suite 905</p> <p>City Arlington State VA Zip Code 22209-</p> <p>Purpose of Disbursement Automated Call Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2633 Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1814.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>AUTOMATED CALL SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) Frances Lee Bogle</p> <p>Mailing Address 554 1st St NW</p> <p>City Hickory State NC Zip Code 28601-</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2661 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2005.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY COMPENSATION</p>

SUBTOTAL of Disbursements This Page (optional)	12987.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Frances Lee Bogle

Mailing Address 554 1st St NW

City State Zip Code
Hickory NC 28601-

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2665
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

69.30

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

TRAVEL REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)
Frances Lee Bogle

Mailing Address 554 1st St NW

City State Zip Code
Hickory NC 28601-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2663
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

134.66

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

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Sams Club

Mailing Address Franklin Square

City State Zip Code
Gastonia NC 28054-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2715
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

134.66

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

[MEMO ITEM]
MEMO: FOOD & BEVERAGE EXP-ENSE

SUBTOTAL of Disbursements This Page (optional) ▶

203.96

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Frances Lee Bogle</p> <p>Mailing Address 554 1st St NW</p> <p>City Hickory State NC Zip Code 28601-</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2662</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2005.29"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY COMPENSATION</p>
<p>B. Full Name (Last, First, Middle Initial) Catawba Mail & Print, Inc</p> <p>Mailing Address PO Box 9001</p> <p>City Hickory State NC Zip Code 28603-9001</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2639</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2692.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p>
<p>C. Full Name (Last, First, Middle Initial) Catawba Mail & Print, Inc</p> <p>Mailing Address PO Box 9001</p> <p>City Hickory State NC Zip Code 28603-9001</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2640</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4751.96"/>
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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Catawba Mail & Print, Inc

Mailing Address PO Box 9001

City State Zip Code
Hickory NC 28603-9001

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2641
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

398.59

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

PRINTING

B.

Full Name (Last, First, Middle Initial)
Charter Communications

Mailing Address 1121 Lenoir Rhyne Blvd SE

City State Zip Code
Hickory NC 28602-5128

Purpose of Disbursement
Advertisements

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2644
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

4751.50

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

ADVERTISEMENTS

C.

Full Name (Last, First, Middle Initial)
Platinum Business Credit Card

Mailing Address Po Box 15650

City State Zip Code
Wilmington DE 19886-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2645
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

9928.84

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

15078.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1884 Catawba Valley Blvd City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80715.E2717 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 281.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First St Se City Washington State DC Zip Code 20003- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80715.E2718 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 238.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE
C.	Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80715.E2722 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 128.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Harris Teeter

Transaction ID: 80715.E2724
Date of Disbursement

Mailing Address 3010 N Center St

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City State Zip Code
Hickory NC 28601-

Amount of Each Disbursement this Period

12.66

Purpose of Disbursement
Food & Beverage Expense

Category/ Type

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

Candidate Name

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-ENSE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
IContact

Transaction ID: 80715.E2727
Date of Disbursement

Mailing Address 2635 Meridian Pkwy

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City State Zip Code
Durham NC 27713-

Amount of Each Disbursement this Period

64.45

Purpose of Disbursement
Email Marketing Service

Category/ Type

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

Candidate Name

[MEMO ITEM]

MEMO: EMAIL MARKETING SER-VICE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Johnnys Half Shell

Transaction ID: 80715.E2730
Date of Disbursement

Mailing Address 400 N Capitol St NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

City State Zip Code
Washington DC 20001-

Amount of Each Disbursement this Period

5557.53

Purpose of Disbursement
Event Food & Beverage

Category/ Type

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

Candidate Name

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERA-GE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mansion on Forsyth Mailing Address 700 Drayton St City Savannah State GA Zip Code 31401- Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2733 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 641.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING
B.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2735 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 89.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Public Storage (formerly Shurgard) Mailing Address 1970 Tate Blvd City Hickory State NC Zip Code 28602- Purpose of Disbursement Storage Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2738 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 131.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) US Airways, Inc</p> <p>Mailing Address 111 West Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281-</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80715.E2740 Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 447.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 231 Government Ave SW</p> <p>City Hickory State NC Zip Code 28602-2955</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80715.E2742 Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 494.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POSTAGE</p>
<p>C. Full Name (Last, First, Middle Initial) Westin Hotel</p> <p>Mailing Address 601 S College St</p> <p>City Charlotte State NC Zip Code 28202-</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80715.E2745 Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1424.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Platinum Business Credit Card

Mailing Address Po Box 15650

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80714.E2646

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

11914.22

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

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Acadiana

Mailing Address 901 New York Ave NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Event Food & Beverage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80715.E2746

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First St Se

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80715.E2719

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

788.65

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

11914.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Fed Ex

Mailing Address 1555 Rankin Lake Rd

City State Zip Code
Gastonia NC 28052-

Purpose of Disbursement
Overnight Delivery Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2721
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

141.18

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

[MEMO ITEM]

MEMO: OVERNIGHT DELIVERY FEE

B.

Full Name (Last, First, Middle Initial)
Harris Teeter

Mailing Address 3010 N Center St

City State Zip Code
Hickory NC 28601-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2725
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

10.35

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-ENSE

C.

Full Name (Last, First, Middle Initial)
Hertz

Mailing Address 7275 Tuscan Blvd

City State Zip Code
Tucson AZ 85706-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2748
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

250.01

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
IContact

Mailing Address 2635 Meridian Pkwy

City Durham State NC Zip Code 27713-

Purpose of Disbursement
Email Marketing Service
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2728
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

74.00

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

[MEMO ITEM]

MEMO: EMAIL MARKETING SERVICE

B.

Full Name (Last, First, Middle Initial)
Johnnys Half Shell

Mailing Address 400 N Capitol St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Event Food & Beverage
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2731
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

150.00

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

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
Mansion on Forsyth

Mailing Address 700 Drayton St

City Savannah State GA Zip Code 31401-

Purpose of Disbursement
Lodging
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2734
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

8944.00

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

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1718 Hwy 70 SE

City Hickory State NC Zip Code 28602-

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2736

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

23.64

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Public Storage (formerly Shurgard)

Mailing Address 1970 Tate Blvd

City Hickory State NC Zip Code 28602-

Purpose of Disbursement
Storage Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2739

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

115.00

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

[MEMO ITEM]

MEMO: STORAGE FEE

C.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 231 Government Ave SW

City Hickory State NC Zip Code 28602-2955

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80715.E2743

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

415.74

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

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Wal-Mart

Mailing Address 2525 Hwy 70 SE

City State Zip Code
Hickory NC 28602-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2749

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

299.72

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Platinum Business Credit Card

Mailing Address Po Box 15650

City State Zip Code
Wilmington DE 19886-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2647

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

8685.97

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

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Acadiana

Mailing Address 901 New York Ave NW

City State Zip Code
Washington DC 20001-

Purpose of Disbursement
Event Food & Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2747

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1045.39

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

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

8685.97

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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Aristotle International, Inc Mailing Address 205 Pennsylvania Ave Se City Washington State DC Zip Code 20003- Purpose of Disbursement Computer Support Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2751 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMPUTER SUPPORT FEE
B.	Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1884 Catawba Valley Blvd City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2752 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 42.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First St Se City Washington State DC Zip Code 20003- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2720 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 2398.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Fabios Restaurant Mailing Address 106 Pineola St City Newland State NC Zip Code 28657- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2753 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 220.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP- ENSE
B.	Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2723 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 208.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE
C.	Full Name (Last, First, Middle Initial) Harris Teeter Mailing Address 3010 N Center St City Hickory State NC Zip Code 28601- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2726 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 20.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP- ENSE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Holiday Inn Select

Mailing Address 1385 Lenoir-Rhyne Blvd Se

City State Zip Code
Hickory NC 28602-

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2754
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

144.48

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

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
IContact

Mailing Address 2635 Meridian Pkwy

City State Zip Code
Durham NC 27713-

Purpose of Disbursement
Email Marketing Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2729
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

74.00

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

[MEMO ITEM]
MEMO: EMAIL MARKETING SERVICE

C.

Full Name (Last, First, Middle Initial)
Johnnys Half Shell

Mailing Address 400 N Capitol St NW

City State Zip Code
Washington DC 20001-

Purpose of Disbursement
Event Food & Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80715.E2732
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

695.00

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

[MEMO ITEM]
MEMO: EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2737 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 224.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 231 Government Ave SW City Hickory State NC Zip Code 28602-2955 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2744 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2755 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 330.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MOBILE PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 2525 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80715.E2750 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 19.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Erica Church Mailing Address 512 Collett St City Morganton State NC Zip Code 28655- Purpose of Disbursement Monthly Compensation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2655 Date of Disbursement 06 / 01 / 2008 Amount of Each Disbursement this Period 362.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION
C.	Full Name (Last, First, Middle Initial) Erica Church Mailing Address 512 Collett St City Morganton State NC Zip Code 28655- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2656 Date of Disbursement 06 / 12 / 2008 Amount of Each Disbursement this Period 69.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

431.82

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Cleveland County Chamber Of Commerce</p> <p>Mailing Address Po Box 879</p> <p>City Shelby State NC Zip Code 28151-</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2649</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 240.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEMBERSHIP DUES</p>
<p>B. Full Name (Last, First, Middle Initial) Computer Pro</p> <p>Mailing Address 3011 1st Ave PI SW</p> <p>City Hickory State NC Zip Code 28602-</p> <p>Purpose of Disbursement Computer Repair</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2650</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 170.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPUTER REPAIR</p>
<p>C. Full Name (Last, First, Middle Initial) CTS Holdings, LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Ste #120</p> <p>City Memphis State TN Zip Code 38133-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2627</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 131.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD PROCESSING FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

542.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2628 Date of Disbursement 05 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 345.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE
B.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2629 Date of Disbursement 06 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 37.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE
C.	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2651 Date of Disbursement 05 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1334.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

1717.38

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) EFTPS (Internal Revenue Service)	Transaction ID: 80714.E2652 Date of Disbursement 06 / 01 / 2008	
	Mailing Address PO Box 105703		
	City Atlanta State GA Zip Code 30348-	Amount of Each Disbursement this Period	1751.57
	Purpose of Disbursement Payroll Taxes	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
B.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: 80714.E2653 Date of Disbursement 05 / 01 / 2008	
	Mailing Address PO Box 96064		
	City Charlotte State NC Zip Code 28296-0064	Amount of Each Disbursement this Period	740.02
	Purpose of Disbursement Telephone Expense	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE
C.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: 80714.E2654 Date of Disbursement 06 / 01 / 2008	
	Mailing Address PO Box 96064		
	City Charlotte State NC Zip Code 28296-0064	Amount of Each Disbursement this Period	589.30
	Purpose of Disbursement Telephone Expense	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional)	3080.89
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
First National Bank

Mailing Address PO Box 168

City State Zip Code
Shelby NC 28151-

Purpose of Disbursement
Loan Interest Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2631

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1630.77

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

LOAN INTEREST PAYMENT

B.

Full Name (Last, First, Middle Initial)
FLS-DCI, LLC

Mailing Address 2401 W Behrend Dr

City State Zip Code
Phoenix AZ 85027-4142

Purpose of Disbursement
Phone Match

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2659

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

6201.35

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

PHONE MATCH

C.

Full Name (Last, First, Middle Initial)
FLS-DCI, LLC

Mailing Address 2401 W Behrend Dr

City State Zip Code
Phoenix AZ 85027-4142

Purpose of Disbursement
Phone Match

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2660

Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

1384.52

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

PHONE MATCH

SUBTOTAL of Disbursements This Page (optional) ▶

9216.64

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Gaston Couny Republican Party	Transaction ID: 80714.E2666 Date of Disbursement
	Mailing Address 312 W Third Ave	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Gastonia State NC Zip Code 28052-	Amount of Each Disbursement this Period
	Purpose of Disbursement Event Ticket	<input type="text" value="80.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type EVENT TICKET

B.	Full Name (Last, First, Middle Initial) GR Seppala & Associates	Transaction ID: 80714.E2667 Date of Disbursement
	Mailing Address 1161 Wayzata Blvd E # 210	<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Wayzata State MN Zip Code 55391-1935	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising	<input type="text" value="1000.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type FUNDRAISING

C.	Full Name (Last, First, Middle Initial) Amanda Gravitt	Transaction ID: 80714.E2634 Date of Disbursement
	Mailing Address 1812 Woodlands Drive, SE	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Smyrna State GA Zip Code 30080-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Reimbursement	<input type="text" value="104.27"/>
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1184.27"/>
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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2619 Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 6.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>B. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2620 Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 34.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD PROCESSING FEE</p>
<p>C. Full Name (Last, First, Middle Initial) iContribute</p> <p>Mailing Address PO Box 8522</p> <p>City Falls Church State VA Zip Code 22044-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2621 Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 142.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD PROCESSING FEE</p>

SUBTOTAL of Disbursements This Page (optional)	183.55
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 80714.E2622 Date of Disbursement 06 / 02 / 2008
	Mailing Address PO Box 8522	Amount of Each Disbursement this Period 0.85
	City Falls Church State VA Zip Code 22044-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Processing Fee	CREDIT CARD PROCESSING FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 80714.E2626 Date of Disbursement 06 / 12 / 2008
	Mailing Address PO Box 8522	Amount of Each Disbursement this Period 600.00
	City Falls Church State VA Zip Code 22044-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Hosting	WEB HOSTING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 80714.E2623 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 8522	Amount of Each Disbursement this Period 2.25
	City Falls Church State VA Zip Code 22044-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Processing Fee	CREDIT CARD PROCESSING FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	603.10
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)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
iContribute

Mailing Address PO Box 8522

City Falls Church State VA Zip Code 22044-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2625
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

118.00

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

CREDIT CARD PROCESSING FEE

B.

Full Name (Last, First, Middle Initial)
iContribute

Mailing Address PO Box 8522

City Falls Church State VA Zip Code 22044-

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2624
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

41.55

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

CREDIT CARD PROCESSING FEE

C.

Full Name (Last, First, Middle Initial)
Integrated Communication Strategies, Inc

Mailing Address PO Box 28081

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2668
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

5532.25

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

FUNDRAISING

SUBTOTAL of Disbursements This Page (optional)

5691.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Integrated Communication Strategies, Inc</p> <p>Mailing Address PO Box 28081</p> <p>City Raleigh State NC Zip Code 27611-</p> <p>Purpose of Disbursement Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2669</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9943.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING</p>
<p>B. Full Name (Last, First, Middle Initial) Integrated Communication Strategies, Inc</p> <p>Mailing Address PO Box 28081</p> <p>City Raleigh State NC Zip Code 27611-</p> <p>Purpose of Disbursement Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2670</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2143.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING</p>
<p>C. Full Name (Last, First, Middle Initial) Jamestown Associates</p> <p>Mailing Address 5 Mapleton Rd, Ste 300</p> <p>City Princeton State NJ Zip Code 08540-</p> <p>Purpose of Disbursement Ad Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2671</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4550.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>AD PRODUCTION</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="16637.50"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2677
Date of Disbursement

MM / DD / YYYY
05 / 01 / 2008

Amount of Each Disbursement this Period

301.00

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

PAYROLL TAXES

B.

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

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2676
Date of Disbursement

MM / DD / YYYY
06 / 01 / 2008

Amount of Each Disbursement this Period

401.00

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

PAYROLL TAXES

C.

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

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2675
Date of Disbursement

MM / DD / YYYY
06 / 15 / 2008

Amount of Each Disbursement this Period

74.10

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

776.10

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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Employment Security Commission of NC

Mailing Address PO Box 25903

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Unemployment Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2657

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

149.50

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

UNEMPLOYMENT TAX

B. Full Name (Last, First, Middle Initial)
Employment Security Commission of NC

Mailing Address PO Box 25903

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Unemployment Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2658

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

207.72

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

UNEMPLOYMENT TAX

C. Full Name (Last, First, Middle Initial)
Premier Mail Company

Mailing Address PO Box 27048

City Raleigh State NC Zip Code 27611-7048

Purpose of Disbursement
Mail Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2679

Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

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

MAIL SERVICE

SUBTOTAL of Disbursements This Page (optional)

1357.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Prism Property Management

Transaction ID: 80714.E2680

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Mailing Address Po Box 729

Amount of Each Disbursement this Period

870.00

City State Zip Code
Hickory NC 28603-

Purpose of Disbursement
Office Rent

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

OFFICE RENT

State: District:

B.

Full Name (Last, First, Middle Initial)
Prism Property Management

Transaction ID: 80714.E2681

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

Mailing Address Po Box 729

Amount of Each Disbursement this Period

870.00

City State Zip Code
Hickory NC 28603-

Purpose of Disbursement
Office Rent

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

OFFICE RENT

State: District:

C.

Full Name (Last, First, Middle Initial)
Prism Property Management

Transaction ID: 80714.E2682

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Mailing Address Po Box 729

Amount of Each Disbursement this Period

85.81

City State Zip Code
Hickory NC 28603-

Purpose of Disbursement
Building Sign

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

BUILDING SIGN

State: District:

SUBTOTAL of Disbursements This Page (optional)

1825.81

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Public Storage (formerly Shurgard)

Mailing Address 1970 Tate Blvd

City State Zip Code
Hickory NC 28602-

Purpose of Disbursement
Storage Fee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80714.E2683
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

115.00

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

STORAGE FEE

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

Mailing Address PO Box 2489

City State Zip Code
Omaha NE 68103-2489

Purpose of Disbursement
Teleconference Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80714.E2684
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

87.80

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

TELECONFERENCE EXPENSE

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

Mailing Address PO Box 2489

City State Zip Code
Omaha NE 68103-2489

Purpose of Disbursement
Teleconference Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80714.E2685
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	8

Amount of Each Disbursement this Period

176.32

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

TELECONFERENCE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

379.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Transaction ID: 80714.E2642
Date of Disbursement

Mailing Address 1319 Park Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City State Zip Code
Gastonia NC 28052-

Amount of Each Disbursement this Period

1635.00

Purpose of Disbursement
Monthly Compensation
Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

MONTHLY COMPENSATION

B.

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

Transaction ID: 80714.E2643
Date of Disbursement

Mailing Address 1319 Park Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

City State Zip Code
Gastonia NC 28052-

Amount of Each Disbursement this Period

1635.00

Purpose of Disbursement
Monthly Compensation
Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

MONTHLY COMPENSATION

C.

Full Name (Last, First, Middle Initial)
Response America

Transaction ID: 80714.E2691
Date of Disbursement

Mailing Address 2800 Shirlington Rd, Ste 901

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

City State Zip Code
Arlington VA 22206-

Amount of Each Disbursement this Period

2600.95

Purpose of Disbursement
Mailers
Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

MAILERS

SUBTOTAL of Disbursements This Page (optional)

5870.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Revolution Media Group <hr/> Mailing Address 1090 Vermont Ae NW Ste 230 <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Planning & Development Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2692 Date of Disbursement 05 / 02 / 2008 <hr/> 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 PLANNING & DEVELOPMENT FEE
B.	Full Name (Last, First, Middle Initial) Revolution Media Group <hr/> Mailing Address 1090 Vermont Ae NW Ste 230 <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Planning & Development Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2693 Date of Disbursement 05 / 20 / 2008 <hr/> 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 PLANNING & DEVELOPMENT FEE
C.	Full Name (Last, First, Middle Initial) Revolution Media Group <hr/> Mailing Address 1090 Vermont Ae NW Ste 230 <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Planning & Development Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2694 Date of Disbursement 06 / 12 / 2008 <hr/> 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 PLANNING & DEVELOPMENT FEE

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rutherford County Chamber Of Commerce Mailing Address 162 N Main St City Rutherfordton State NC Zip Code 28139- Purpose of Disbursement Membership Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2695 Date of Disbursement 05 / 02 / 2008 Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP FEE
B.	Full Name (Last, First, Middle Initial) Sprint Mailing Address PO Box 219100 City Kansas City State MO Zip Code 64121-9100 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2696 Date of Disbursement 05 / 02 / 2008 Amount of Each Disbursement this Period 68.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
C.	Full Name (Last, First, Middle Initial) Sprint Mailing Address PO Box 219100 City Kansas City State MO Zip Code 64121-9100 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2697 Date of Disbursement 06 / 12 / 2008 Amount of Each Disbursement this Period 121.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

305.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Tel Opinion Research

Mailing Address 19 North 6th Street

City Warrenton State VA Zip Code 20186-

Purpose of Disbursement
Survey

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2699
Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

11200.00

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

SURVEY

B.

Full Name (Last, First, Middle Initial)
The Oorbeek Group

Mailing Address 5903 Woodfield Estates Dr

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement
Fundraising

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2700
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

2500.00

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

FUNDRAISING

C.

Full Name (Last, First, Middle Initial)
The Oorbeek Group

Mailing Address 5903 Woodfield Estates Dr

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement
Fundraising

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2701
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

8775.00

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

FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

22475.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2702 Date of Disbursement 06 / 12 / 2008 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 FUNDRAISING
B.	Full Name (Last, First, Middle Initial) The Stewart Group Mailing Address Po Box 26508 City Raleigh State NC Zip Code 27611- Purpose of Disbursement Planning & Development Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2703 Date of Disbursement 04 / 18 / 2008 Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PLANNING & DEVELOPMENT FEE
C.	Full Name (Last, First, Middle Initial) The Stewart Group Mailing Address Po Box 26508 City Raleigh State NC Zip Code 27611- Purpose of Disbursement Planning & Development Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2704 Date of Disbursement 04 / 28 / 2008 Amount of Each Disbursement this Period 26463.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PLANNING & DEVELOPMENT FEE

SUBTOTAL of Disbursements This Page (optional) ▶	34963.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Stewart Group

Mailing Address Po Box 26508

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Planning & Development Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2705
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

30664.39

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

PLANNING & DEVELOPMENT FEE

B.

Full Name (Last, First, Middle Initial)
The Stewart Group

Mailing Address Po Box 26508

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Planning & Development Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2706
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

4881.42

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

PLANNING & DEVELOPMENT FEE

C.

Full Name (Last, First, Middle Initial)
Timewarner Adcast

Mailing Address 316 E. Morehead St

City Charlotte State NC Zip Code 28202-

Purpose of Disbursement
Television Ads

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80714.E2707
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

13209.00

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

TELEVISION ADS

SUBTOTAL of Disbursements This Page (optional) ▶

48754.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Postal Service <hr/> Mailing Address 231 Government Ave SW <hr/> City Hickory State NC Zip Code 28602-2955 <hr/> Purpose of Disbursement BRM Permit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2708 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 725.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BRM PERMIT
B.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address Po Box 105378 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Mobile Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2709 Date of Disbursement 05 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 394.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address Po Box 105378 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Mobile Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2710 Date of Disbursement 05 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 330.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1449.64

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E2711 Date of Disbursement 06 / 11 / 2008
	Mailing Address Po Box 105378	Amount of Each Disbursement this Period 395.89
	City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mobile Phone Expense	MOBILE PHONE EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Warren & Associates	Transaction ID: 80714.E2712 Date of Disbursement 05 / 02 / 2008
	Mailing Address PO Box 1871	Amount of Each Disbursement this Period 33.54
	City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Processing Fee	PAYROLL PROCESSING FEE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Warren & Associates	Transaction ID: 80714.E2713 Date of Disbursement 06 / 12 / 2008
	Mailing Address PO Box 1871	Amount of Each Disbursement this Period 92.54
	City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Processing Fee	PAYROLL PROCESSING FEE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	521.97
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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Wiley Rein, LLC</p> <p>Mailing Address 1776 K St NW</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Legal Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2714 Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 3000.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LEGAL RETAINER</p>
<p>B. Full Name (Last, First, Middle Initial) Wiley Rein, LLC</p> <p>Mailing Address 1776 K St NW</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Legal Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80715.E2716 Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1768.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LEGAL RETAINER</p>
<p>C. Full Name (Last, First, Middle Initial) Rebecca Yount</p> <p>Mailing Address 5120 JM Craig Rd Granite Falls</p> <p>City Granite Falls State NC Zip Code 28630-9297</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2687 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2200.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY COMPENSATION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6969.90

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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Rebecca Yount</p> <p>Mailing Address 5120 JM Craig Rd Granite Falls</p> <p>City Granite Falls State NC Zip Code 28630-9297</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2686 Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 419.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL REIMBURSEMENT</p>
<p>B. Full Name (Last, First, Middle Initial) Rebecca Yount</p> <p>Mailing Address 5120 JM Craig Rd Granite Falls</p> <p>City Granite Falls State NC Zip Code 28630-9297</p> <p>Purpose of Disbursement Additional Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2689 Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1385.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADDITIONAL COMPENSATION</p>
<p>C. Full Name (Last, First, Middle Initial) Rebecca Yount</p> <p>Mailing Address 5120 JM Craig Rd Granite Falls</p> <p>City Granite Falls State NC Zip Code 28630-9297</p> <p>Purpose of Disbursement Monthly Compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E2688 Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2200.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY COMPENSATION</p>

SUBTOTAL of Disbursements This Page (optional)	4005.80
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Rebecca Yount

Transaction ID: 80714.E2690

Date of Disbursement

Mailing Address 5120 JM Craig Rd
Granite Falls

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City Granite Falls State NC Zip Code 28630-9297

Amount of Each Disbursement this Period

152.79

Purpose of Disbursement
Travel Reimbursement

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRAVEL REIMBURSEMENT

State: District:

SUBTOTAL of Disbursements This Page (optional)

152.79

TOTAL This Period (last page this line number only)

234974.02

**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 98 / 104

<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)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 1367 Nc 108 Hwy

City Rutherfordton State NC Zip Code 28139-7325

Purpose of Disbursement
Refund of Contribution Contribution Refu

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2674

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 99 / 104
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Transaction ID: LS80714.C8184

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1100 Requa Rd	
City Cherryville State NC ZIP Code 28021-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	0.00	175000.00

TERMS

Date Incurred MM DD YY YY 06 30 2008	Date Due ONDEMAND	Interest Rate 600.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	175000.00
TOTALS This Period (last page in this line only)00

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

SCHEDULE C (FEC Form 3)

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

PAGE 100 / 104

FOR LINE NUMBER: (check only one)

13a

13b

LOANS

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

Transaction ID: LS51015.C3021

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

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

TERMS

Date Incurred MM DD YY YY 07 19 2004	Date Due 20091020	Interest Rate 750.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="90500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="265500.00"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Stewart Group			Nature of Debt (Purpose): Planning & Development Fee
Mailing Address Po Box 26508			
City Raleigh	State NC	ZIP Code 27611-	

Outstanding Balance Beginning This Period <input type="text" value="6000.00"/>		Transaction ID: LS80714.E2703	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS-DCI, LLC			Nature of Debt (Purpose): Phone Match
Mailing Address 2401 W Behrend Dr			
City Phoenix	State AZ	ZIP Code 85027-4142	

Outstanding Balance Beginning This Period <input type="text" value="6201.35"/>		Transaction ID: LS80714.E2659	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6201.35"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Oorbeek Group			Nature of Debt (Purpose): Fundraising
Mailing Address 5903 Woodfield Estates Dr			
City Alexandria	State VA	ZIP Code 22310-	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>		Transaction ID: LS80714.E2700	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wiley Rein, LLC			Nature of Debt (Purpose): Legal Retainer
Mailing Address 1776 K St NW			
City Washington	State DC	ZIP Code 20006-	

Outstanding Balance Beginning This Period		Transaction ID: LS80714.E2714	
3000.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3000.80	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Revolution Media Group			Nature of Debt (Purpose): Planning & Development Fee
Mailing Address 1090 Vermont Ae NW Ste 230			
City Washington	State DC	ZIP Code 20005-	

Outstanding Balance Beginning This Period		Transaction ID: LS80714.E2692	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2000.00	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Communication Strategies, Inc			Nature of Debt (Purpose): Fundraising
Mailing Address PO Box 28081			
City Raleigh	State NC	ZIP Code 27611-	

Outstanding Balance Beginning This Period		Transaction ID: LS80714.E2668	
5532.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5532.25	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 103 / 104
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Premier Mail Company			Nature of Debt (Purpose): Mail Service
Mailing Address PO Box 27048			
City Raleigh	State NC	ZIP Code 27611-7048	

Outstanding Balance Beginning This Period		Transaction ID: LS80714.E2679	
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1000.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	26500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	26500.00

Form/Schedule: **F3A**

Transaction ID:

Schedule B includes all required additional memo entries for reimbursements. All other reimbursements do not meet the \$200.00 per vendor threshold; therefore no further itemization is necessary. This report amends original report filed on July 15, 2008. During this reporting period, the committee received a loan from the candidate. The candidate used personal funds for this loan.