

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

Joe Wilson For Congress Committee

ADDRESS (number and street) PO Box 2145

Check if different than previously reported. (ACC)

West Columbia SC 29171 2145

2. **FEC IDENTIFICATION NUMBER** C00368522

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

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

SC 02

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

Election on [] [] [] 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 01 01 2009 through 03 31 2009

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 Donnie Burkett

Signature of Treasurer Electronically Filed by Donnie Burkett Date 04 15 2009

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

Joe Wilson For Congress Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 94305.00 | 121340.00 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 94305.00 | 121340.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 67918.12 | 134779.36 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 100.00 | 100.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 67818.12 | 134679.36 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 57775.48 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Joe Wilson For Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

39200.00

62200.00

(ii) Unitemized.....

3105.00

6140.00

(iii) TOTAL of contributions

42305.00

68340.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

52000.00

53000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

94305.00

121340.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

100.00

100.00

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

0.00

230.05

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

94405.00

121670.05

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 67918.12 | 134779.36 |
| 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..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 67918.12 | 134779.36 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 31288.60 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 94405.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 125693.60 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 67918.12 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 57775.48 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 55

(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. F. Jed Becker

Mailing Address 13 Prospect Avenue

City Darien State CT Zip Code 06820-3512

FEC ID number of contributing federal political committee. C

Name of Employer Eurpac Service Inc. Occupation Business Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2009

Transaction ID: A-C16281

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Mike Till

Mailing Address 185 Fieldcrest Court

City Lexington State SC Zip Code 29072-9196

FEC ID number of contributing federal political committee. C

Name of Employer Infinity Business Group Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009

Transaction ID: A-C16260

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. John Hilbert

Mailing Address 900 2nd Street NE Suite 201

City Washington State DC Zip Code 20002-3559

FEC ID number of contributing federal political committee. C

Name of Employer Kinghorn, Hilbert & Assoc. Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: A-C16219

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 55

(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
The Honora John R. Russell

Mailing Address PO Box 5524

City State Zip Code
Spartanburg SC 29304-5524

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Silver Crescent Attorney

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: A-C16263

Amount of Each Receipt this Period
2400.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Ingo Angermeier

Mailing Address 881 Oakcrest Road

City State Zip Code
Spartanburg SC 29301-5344

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Spartanburg Regional Medical President

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16229

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. James Morton

Mailing Address 810 Crescent Avenue

City State Zip Code
Greenville SC 29601-4415

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Morton Consulting Inc. Consultant

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16270

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 3900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55
(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. W. H. Best

Mailing Address PO Box 868

City Columbia State SC Zip Code 29202-0868

FEC ID number of contributing federal political committee. C

Name of Employer Thermal Engr. Corp. Occupation Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16235

Amount of Each Receipt this Period 2400.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Keith A. Derrington

Mailing Address 8910 Mossy Hollow Way

City Knoxville State TN Zip Code 37922-9403

FEC ID number of contributing federal political committee. C

Name of Employer AMERESCO, INC Occupation Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 27 / 2009

Transaction ID: A-C16326

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Francis J. Hogan

Mailing Address 4632 Juniper Lane

City Palm Beach Gardens State FL Zip Code 33418-4514

FEC ID number of contributing federal political committee. C

Name of Employer Overseas Service Corporation Occupation Business Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16284

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) 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 8 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. John Hilbert

Mailing Address 900 2nd Street NE
Suite 201

City Washington State DC Zip Code 20002-3559

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

Name of Employer Kinghorn, Hilbert & Assoc. Occupation Partner

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

Transaction ID: A-C16248

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Murray A. Baroody, Jr.

Mailing Address PO Box 370

City Orangeburg State SC Zip Code 29116-0370

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

Name of Employer Orangeburg Distributing Occupation Beverage Distributor

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: A-C16323

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr Patrick B. Peterson

Mailing Address 7857 Wintercress Lane

City Springfield State VA Zip Code 22152-3843

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

Name of Employer SMI Occupation Senior VP

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: A-C16331

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gregg Hartley

Mailing Address 857 Cedar Drive

City State Zip Code
Deale MD 20751

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

Name of Employer: Cassidy & Associates Occupation: Vice Chairman and COO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: A-C16247

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

B. Full Name (Last, First, Middle Initial)
Mr. Edward Kinghorn

Mailing Address 900 2nd Street NE Suite 201

City State Zip Code
Washington DC 20002-3559

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

Name of Employer: Kinghorn, Hilbert & Assoc. Occupation: Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1250.00

Transaction ID: A-C16249

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

C. Full Name (Last, First, Middle Initial)
Dr. John B. Carter

Mailing Address 110 Medical Lane E

City State Zip Code
West Columbia SC 29169-4817

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

Name of Employer: Lexington Medical Center Occupation: Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: A-C16287

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 10 / 55
(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Arlene Herson

Mailing Address 17173 Royal Cove Way

City State Zip Code
Boca Raton FL 33496-2905

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

Name of Employer
Self Employed

Occupation
Talk Show Host

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: A-C16218

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Terry Paul

Mailing Address 700 13th Street NW
Suite 400

City State Zip Code
Washington DC 20005-6621

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

Name of Employer
Cassidy & Associates

Occupation
Associate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: A-C16196

Amount of Each Receipt this Period
250.00

breakfast 1-27-09

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

C.

Full Name (Last, First, Middle Initial)
Mr. Richard H. Mixson

Mailing Address PO Box 116

City State Zip Code
Brunson SC 29911-0116

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

Name of Employer
Mixon Oil

Occupation
President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16241

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

| | | | |
|---|---|----------|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Allen Martin | | Date of Receipt MM / DD / YYYY 03 / 04 / 2009 |
| | Mailing Address 499 S Capitol Street SW Suite 600 | | Transaction ID: A-C16223 |
| | City Washington | State DC | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer The Livingston Group Occupation Lobbyist | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|---|----------|---|
| B. | Full Name (Last, First, Middle Initial) Mr. John D. Milne | | Date of Receipt MM / DD / YYYY 02 / 09 / 2009 |
| | Mailing Address 1341 G Street NW Suite 700 | | Transaction ID: A-C16210 |
| | City Washington | State DC | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer mCapitol Management Occupation Sr. Vice President | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|---|----------|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Richard T. Ray | | Date of Receipt MM / DD / YYYY 03 / 30 / 2009 |
| | Mailing Address 5202 Ocean Front Avenue | | Transaction ID: A-C16286 |
| | City Virginia Beach | State VA | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1800.00 |
| | Name of Employer S&K Sales Occupation Business Executive | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1800.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2800.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 55
(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)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard C. Whitner

Mailing Address 1200 Collingwood Road

City State Zip Code
Alexandria VA 22308-1728

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

Name of Employer Occupation
R. C. Whitner & Assoc President

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

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: A-C16200

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Walter Raheb

Mailing Address 15679 Limestone School Road

City State Zip Code
Leesburg VA 20176-5905

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

Name of Employer Occupation
RR&G Public Advocates Principal

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16251

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr Theodore D Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code
Fairfax Station VA 22039-1909

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

Name of Employer Occupation
SMI President

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

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: A-C16330

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 55
(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Robert G. Suber

Mailing Address 3900 Hillandale Court NW

City State Zip Code
Washington DC 20007-3946

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

Name of Employer Occupation
MLM International Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16274

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. George H Cone

Mailing Address 9031 Garners Ferry Road

City State Zip Code
Hopkins SC 29061-9540

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

Name of Employer Occupation
Defender Services CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 02 / 2009

Transaction ID: A-C16209

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Bruce Bailey

Mailing Address 73 Caretaker Lane

City State Zip Code
Pawleys Island SC 29585-5778

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

Name of Employer Occupation
Georgetown Hospital System President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16242

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

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

Mailing Address 900 2nd Street NE
Suite 201

City Washington State DC Zip Code 20002-3559

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

Name of Employer Kinghorn, Hilbert & Assoc. Occupation Partner

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

Date of Receipt 01 / 22 / 2009
Transaction ID: A-C16164
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Colonel William G Yarborough, , Jr.

Mailing Address PO Box 828

City Mc Lean State VA Zip Code 22101-0828

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

Name of Employer Self Employed Occupation Lobbyist

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

Date of Receipt 03 / 23 / 2009
Transaction ID: A-C16253
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Matthew R. Kambrod

Mailing Address 1800 N Kent Street
Suite 907

City Arlington State VA Zip Code 22209-2109

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

Name of Employer Intelligent Automation Co-rp. Occupation Lobbyist

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

Date of Receipt 02 / 09 / 2009
Transaction ID: A-C16202
 Amount of Each Receipt this Period 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 55
(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Shawn Edwards

Mailing Address 700 13th Street NW
Suite 400

City Washington State DC Zip Code 20005-6621

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

Name of Employer Cassidy & Associates Occupation Senior Associate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2009

Transaction ID: A-C16199

Amount of Each Receipt this Period 500.00

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

B.

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

Mailing Address 1200 Collingwood Road

City Alexandria State VA Zip Code 22308-1728

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

Name of Employer R. C. Whitner & Assoc Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2009

Transaction ID: A-C16252

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Edward Kinghorn

Mailing Address 900 2nd Street NE
Suite 201

City Washington State DC Zip Code 20002-3559

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

Name of Employer Kinghorn, Hilbert & Assoc. Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: A-C16220

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Colonel Michael DeYoung

Mailing Address 1020 19th Street NW
Suite 375

City Washington State DC Zip Code 20036-6118

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

Name of Employer SMI, Inc. Occupation Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: A-C16246
 Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. J. Thornton Kirby

Mailing Address 210 Riverwalk Circle

City West Columbia State SC Zip Code 29169-7645

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

Name of Employer South Carolina Hospital Asso Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: A-C16231
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Barry D. Rhoads

Mailing Address 700 13th Street NW
Suite 350

City Washington State DC Zip Code 20005-3960

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

Name of Employer The Rhoads Group Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: A-C16225
 Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 17 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Lt. Genera John B. Conaway

Mailing Address PO Box 3008

City State Zip Code
Alexandria VA 22302-0008

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

Name of Employer Occupation
The Conaway Group Chairman and CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: A-C16197

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
John Miller

Mailing Address 1205 Briarwood Street

City State Zip Code
Anderson SC 29621-3931

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

Name of Employer Occupation
ANMED Health CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: A-C16243

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. C. Lloyd Johnson, , Jr.

Mailing Address 5206B Atlantic Avenue

City State Zip Code
Virginia Beach VA 23451-2325

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

Name of Employer Occupation
C. Lloyd Johnson, Inc. Business Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16285

Amount of Each Receipt this Period
1800.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2800.00**

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 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Allan E. Stalvey

Mailing Address 900 Gregg Street
Apt. 2B

City Columbia State SC Zip Code 29201-3913

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

Name of Employer SC Hospital Association Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009
Transaction ID: A-C16230
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. W. Tobin Cassels, III

Mailing Address 21 Dill Court

City Columbia State SC Zip Code 29204-3378

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

Name of Employer Southeastern Freight Lines Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 03 / 20 / 2009
Transaction ID: A-C16226
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Raymond Caughman

Mailing Address 5084 Augusta Road

City Lexington State SC Zip Code 29072-3820

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

Name of Employer Retired Occupation Retired Banker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2009
Transaction ID: A-C16155
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 55
(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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Laura Dixon

Mailing Address 1205 Greenbriar Road

City Kinston State NC Zip Code 28501-2623

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

Name of Employer Dixon Marketing Occupation Business Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt 03 / 30 / 2009

Transaction ID: A-C16282

Amount of Each Receipt this Period 1800.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Tom Gordy

Mailing Address 5508 Ashleigh Road

City Fairfax State VA Zip Code 22030-7241

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

Name of Employer Armed Forces Marketing Co-unc Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2009

Transaction ID: A-C16283

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. William Andahazy

Mailing Address 8 Prospect Bay Drive W

City Grasonville State MD Zip Code 21638-1184

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

Name of Employer Eta Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2009

Transaction ID: A-C16244

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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 / 55
(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)
Joe Wilson For Congress Committee

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. John Hilbert | | Date of Receipt MM / DD / YYYY 01 / 22 / 2009 |
| Mailing Address 900 2nd Street NE Suite 201 | | Transaction ID: A-C16165 |
| City Washington | State Zip Code DC 20002-3559 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Kingham, Hilbert & Assoc. | Occupation Partner | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1250.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. George P. Sakellaris | | Date of Receipt MM / DD / YYYY 03 / 27 / 2009 |
| Mailing Address 480 Randolph Avenue | | Transaction ID: A-C16329 |
| City Milton | State Zip Code MA 02186-4033 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2000.00 |
| Name of Employer CEO | Occupation Ameresco | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mrs. Susana B Slayton | | Date of Receipt MM / DD / YYYY 03 / 04 / 2009 |
| Mailing Address 6035 Burke Centre Parkway Suite 200 | | Transaction ID: A-C16216 |
| City Burke | State Zip Code VA 22015-3750 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Dynamic Animation Systems | Occupation President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2010 <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) | 2750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 55
(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)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard K. Toomey

Mailing Address 3 Lucy Creek Drive

City State Zip Code
Beaufort SC 29907-2222

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

Name of Employer Occupation
Beaufort Medical Center Administration

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: A-C16232

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William J Cunningham

Mailing Address 102 Sugarcane Lane

City State Zip Code
North Andover MA 01845-3241

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

Name of Employer Occupation
Ameresco VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: A-C16327

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. W.T. Cassels, Jr.

Mailing Address 5001 Wittering Drive

City State Zip Code
Columbia SC 29206-2922

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

Name of Employer Occupation
Southeastern Freightlines Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: A-C16236

Amount of Each Receipt this Period
1000.00

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

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

TOTAL This Period (last page this line number only) ► **39200.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification
Mailing Address 4301 Wilson Boulevard
City Arlington State VA Zip Code 22203-1867
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Transaction ID: A-C16208
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Every Republican Is Crucial (ericpac)
Mailing Address 25 E Main Street Suite 200
City Richmond State VA Zip Code 23219-2109
FEC ID number of contributing federal political committee. **C** C00384701
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Transaction ID: A-C16320
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Dental Association PAC
Mailing Address 1111 14th Street NW Suite 1100
City Washington State DC Zip Code 20005-5627
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Transaction ID: A-C16279
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
American Physical Therapy PAC

Mailing Address 1111 N Fairfax Street

City State Zip Code
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: A-C16205

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
The Shaw Group Inc. PAC

Mailing Address 1725 Duke Street
Suite 400

City State Zip Code
Alexandria VA 22314-3470

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: A-C16201

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AT&T Federal PAC

Mailing Address 175 E. Houston
Rm 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: A-C16221

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

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

Mailing Address 10801 Rockville Pike

City State Zip Code
Rockville MD 20852-3226

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: A-C16319

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Rolls-Royce North America Holdings Inc. Pac (rolls-Royce North America Pac)

Mailing Address 14850 Conference Center Drive Suite 100

City State Zip Code
Chantilly VA 20151-3844

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C16204

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Association For Uniformed PAC

Mailing Address 5535 Hempstead Way

City State Zip Code
Springfield VA 22151-4010

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C16250

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
American Council Of Engineering Companies (ACEC/PAC)

Mailing Address 1015 15th Street NW
Suite 802

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16295

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 316 Pennsylvania Avenue SE
Suite 300

City Washington State DC Zip Code 20003-1173

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2009

Transaction ID: A-C16211

Amount of Each Receipt this Period 1852.80

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

C. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street
Suite 1200

City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
01 / 22 / 2009

Transaction ID: A-C16166

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3852.80

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 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

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

Mailing Address 316 Pennsylvania Avenue SE
Suite 300

City Washington State DC Zip Code 20003-1173

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2009

Transaction ID: A-I16213

Amount of Each Receipt this Period 60.00

Inkind: Catering

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

B. Full Name (Last, First, Middle Initial)
National Community Pharmacists Association - Pac

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: A-C16288

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Bridgestone/Firestone PAC

Mailing Address 607 14th Street NW
Suite 500

City Washington State DC Zip Code 20005-2023

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 10 / 2009

Transaction ID: A-C16206

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2060.00

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 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

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

Mailing Address 2100 Rexford Road

City State Zip Code
Charlotte NC 28211-3589

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009

Transaction ID: A-C16334

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 316 Pennsylvania Avenue SE
Suite 300

City State Zip Code
Washington DC 20003-1173

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009

Transaction ID: A-I16212

Amount of Each Receipt this Period
200.00

Inkind: Facility Fee Rental

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

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

Mailing Address 316 Pennsylvania Avenue SE
Suite 300

City State Zip Code
Washington DC 20003-1173

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009

Transaction ID: A-I16214

Amount of Each Receipt this Period
167.20

Inkind: Catering

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

SUBTOTAL of Receipts This Page (optional) ► **1367.20**

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 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Textron, Inc.
Mailing Address PO Box 878
City Providence State RI Zip Code 02901-0878
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 20 / 2009
Transaction ID: A-C16239
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association For Uniformed PAC
Mailing Address 5535 Hempstead Way
City Springfield State VA Zip Code 22151-4010
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 09 / 2009
Transaction ID: A-C16203
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 7th Street NW
City Washington State DC Zip Code 20004-2818
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt 03 / 20 / 2009
Transaction ID: A-C16234
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 7th Street NW

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: A-C16222
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 112 S Alfred Street

City Alexandria State VA Zip Code 22314-3061

FEC ID number of contributing federal political committee. **C** C00198259

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: A-C16224
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
CH2M Hill Companies , Ltd. PAC

Mailing Address 9191 S Jamaica Street

City Englewood State CO Zip Code 80112-5946

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: A-C16217
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
The Freedom Project
Mailing Address 424 C Street
City Washington State DC Zip Code 20002-5818
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 27 / 2009
Transaction ID: A-C16321
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Truck PAC
Mailing Address 430 1st Street SE
City Washington State DC Zip Code 20003-1826
FEC ID number of contributing federal political committee. **C** C00381285
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 20 / 2009
Transaction ID: A-C16245
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Osi Restaurant Partners, Llc Political Action Committee
Mailing Address 2202 N West Shore Boulevard Floor 5
City Tampa State FL Zip Code 33607-5747
FEC ID number of contributing federal political committee. **C** C00253153
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 03 / 27 / 2009
Transaction ID: A-C16336
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **8500.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 31 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification
Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009

Transaction ID: A-C16335

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC
Mailing Address 1401 H Street Suite 1200

City State Zip Code
Washington DC 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2009

Transaction ID: A-C16333

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 7th Street NW

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2009

Transaction ID: A-C16233

Amount of Each Receipt this Period
4000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

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

Mailing Address 316 Pennsylvania Avenue SE
Suite 300

City Washington State DC Zip Code 20003-1173

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 4 / 2 0 0 9

Transaction ID: A-I16215

Amount of Each Receipt this Period
220.00

Inkind: Catering

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

B. Full Name (Last, First, Middle Initial)
Az Pac

Mailing Address 1800 Concord Pike

City Wilmington State DE Zip Code 19803-2902

FEC ID number of contributing federal political committee. **C** C00381285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: A-C16324

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: A-C16322

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5220.00**

TOTAL This Period (last page this line number only) ▶ **52000.00**

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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
SCE&G

Mailing Address 1400 Lady Street

City Columbia State SC Zip Code 29201-3304

Purpose of Disbursement
Electric Bill

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-16305
Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

162.57

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

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 105262

City Atlanta State GA Zip Code 30348-5262

Purpose of Disbursement
Nov/Dec Phone bill

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-16180
Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

695.37

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

C.

Full Name (Last, First, Middle Initial)
American Printing Company

Mailing Address 6004 Two Notch Road

City Columbia State SC Zip Code 29223-7227

Purpose of Disbursement
Administrative/Salary/Overhead: Printing

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-16312
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

5634.52

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

SUBTOTAL of Disbursements This Page (optional) ▶

6492.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16280 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 105262 <hr/> City Atlanta State GA Zip Code 30348-5262 <hr/> Purpose of Disbursement Phone Bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16315 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 322.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 105262 <hr/> City Atlanta State GA Zip Code 30348-5262 <hr/> Purpose of Disbursement Phone Bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16304 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 328.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 675.84 |
| 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)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: B-S-2387 Date of Disbursement 01 / 06 / 2009 |
| | Mailing Address PO Box 660108 | Amount of Each Disbursement this Period 293.03 |
| | City Dallas State TX Zip Code 75266-0108 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09) |
| | Purpose of Disbursement cell phone bill Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) SCE&G | Transaction ID: B-E-16179 Date of Disbursement 01 / 06 / 2009 |
| | Mailing Address 1400 Lady Street | Amount of Each Disbursement this Period 328.50 |
| | City Columbia State SC Zip Code 29201-3304 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/29/09) |
| | Purpose of Disbursement November/December electricbill Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: B-S-2400 Date of Disbursement 01 / 29 / 2009 |
| | Mailing Address PO Box 660108 | Amount of Each Disbursement this Period 280.03 |
| | City Dallas State TX Zip Code 75266-0108 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/29/09) |
| | Purpose of Disbursement Cell Phone Bill Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 001 Category/Type |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 328.50 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Software Vendor 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-S-2406</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Carolina First VISA Card(03/04/09)</p> |
| <p>B. Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 2001 Dixiana Road</p> <p>City West Columbia State SC Zip Code 29172-3007</p> <p>Purpose of Disbursement stamps</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-S-2385</p> <p>Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 42.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09)</p> |
| <p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement Cell Phone Bill</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-S-2408</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 185.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Carolina First VISA Card(03/04/09)</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)
Joe Wilson For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Capitol Hill Club | Transaction ID: B-E-16187 Date of Disbursement 01 / 06 / 2009 |
| | Mailing Address 300 1st Street SE | Amount of Each Disbursement this Period 792.00 |
| | City Washington State DC Zip Code 20003-1801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Campaign Event: BBQ Breakfast 11-18-08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 007 |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Complete Campaigns | Transaction ID: B-S-2390 Date of Disbursement 01 / 06 / 2009 |
| | Mailing Address 610 Gateway Center Way Suite K | Amount of Each Disbursement this Period 390.30 |
| | City San Diego State CA Zip Code 92102-4548 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement software vendor fee Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 001 |

[MEMO ITEM]
Subitemization of Carolina First VISA Card(01/06/09)

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) UPS PAC | Transaction ID: B-I-16214 Date of Disbursement 03 / 04 / 2009 |
| | Mailing Address 316 Pennsylvania Avenue SE Suite 300 | Amount of Each Disbursement this Period 167.20 |
| | City Washington State DC Zip Code 20003-1173 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Inkind: Catering Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 959.20 |
| 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)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Time Warner Cable | Transaction ID: B-S-2389 Date of Disbursement 01 / 06 / 2009 |
| | Mailing Address 293 Greystone Boulevard | Amount of Each Disbursement this Period 124.85 |
| | City Columbia State SC Zip Code 29210-8004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement cable/internet Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09) |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) E2C Consulting | Transaction ID: B-E-16302 Date of Disbursement 02 / 21 / 2009 |
| | Mailing Address 929 2nd Street NE | Amount of Each Disbursement this Period 741.00 |
| | City Washington State DC Zip Code 20002-3545 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Event Food Costs Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: B-S-2411 Date of Disbursement 03 / 19 / 2009 |
| | Mailing Address PO Box 660108 | Amount of Each Disbursement this Period 207.61 |
| | City Dallas State TX Zip Code 75266-0108 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Cell Phone Bill Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] Subitemization of Carolina First VISA Card(03/19/09) |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

741.00

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)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) E2C Consulting Mailing Address 929 2nd Street NE City Washington State DC Zip Code 20002-3545 Purpose of Disbursement February Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16303 Date of Disbursement 02 / 26 / 2009 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cell Phone Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-S-2410 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 197.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(03/19/09) |
| C. | Full Name (Last, First, Middle Initial) Carolina First VISA Card Mailing Address P. O. Box 112001 City Greenville State SC Zip Code 29615 Purpose of Disbursement Credit Card Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16173 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 4165.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions. |

SUBTOTAL of Disbursements This Page (optional) ▶

6165.37

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)
Joe Wilson For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SC Dept. of Revenue Mailing Address 301 Gervais Street City Columbia State SC Zip Code 29201-3041 Purpose of Disbursement State Withholdings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16301 Date of Disbursement 02 / 05 / 2009 Amount of Each Disbursement this Period 2371.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 293 Greystone Boulevard City Columbia State SC Zip Code 29210-8004 Purpose of Disbursement Cable and Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-S-2412 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 124.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(03/19/09) |
| C. | Full Name (Last, First, Middle Initial) Sunset Storage Mailing Address 2316 Sunset Boulevard City West Columbia State SC Zip Code 29169-4772 Purpose of Disbursement closeout final storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16194 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 102.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

2473.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) E2C Consulting Mailing Address 929 2nd Street NE City Washington State DC Zip Code 20002-3545 Purpose of Disbursement March Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16311 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) SCE&G Mailing Address 1400 Lady Street City Columbia State SC Zip Code 29201-3304 Purpose of Disbursement Electric Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16314 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 68.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) E2C Consulting Mailing Address 929 2nd Street NE City Washington State DC Zip Code 20002-3545 Purpose of Disbursement 2008 bonus Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16191 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

6068.56

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)
Joe Wilson For Congress Committee

A. Full Name (Last, First, Middle Initial)
Direct Mailing Services

Mailing Address 85 N Arrowwood Road

City Columbia State SC Zip Code 29210-6901

Purpose of Disbursement mail service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-16192
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address 293 Greystone Boulevard

City Columbia State SC Zip Code 29210-8004

Purpose of Disbursement Cable and Internet

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-2402
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
Subitemization of Carolina First VISA Card(01/29/09)

C. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E Sky Harbor Boulevard

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Plane Ticket

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-2399
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
Subitemization of Carolina First VISA Card(01/29/09)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Complete Campaigns

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement software vendor fee
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-S-2391
Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

350.00

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

[MEMO ITEM]

Subitemization of Carolina First VISA Card(01/06/09)

B.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address 293 Greystone Boulevard

City Columbia State SC Zip Code 29210-8004

Purpose of Disbursement Cable and Internet
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-S-2407
Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

124.85

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

[MEMO ITEM]

Subitemization of Carolina First VISA Card(03/04/09)

C.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 710 W Main Street

City Lexington State SC Zip Code 29072-2545

Purpose of Disbursement Stamps
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-S-2403
Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

210.00

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

[MEMO ITEM]

Subitemization of Carolina First VISA Card(01/29/09)

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)

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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)
Joe Wilson For Congress Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E Sky Harbor Boulevard <hr/> City Phoenix State AZ Zip Code 85034-3802 <hr/> Purpose of Disbursement baggage fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-S-2380 Date of Disbursement 01 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09) |
| B. | Full Name (Last, First, Middle Initial) Wentworth Printing <hr/> Mailing Address 101 N 12th Street <hr/> City West Columbia State SC Zip Code 29169-6412 <hr/> Purpose of Disbursement 2009 calendars Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16181 Date of Disbursement 01 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 2634.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) E2C Consulting <hr/> Mailing Address 929 2nd Street NE <hr/> City Washington State DC Zip Code 20002-3545 <hr/> Purpose of Disbursement December and January Fund rais Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16190 Date of Disbursement 01 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

6634.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 55

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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)
Joe Wilson For Congress Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) US Treasury <hr/> Mailing Address 1050 Connecticut Avenue NW <hr/> City Washington State DC Zip Code 20036-5303 <hr/> Purpose of Disbursement Fed Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16299 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 308.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 660108 <hr/> City Dallas State TX Zip Code 75266-0108 <hr/> Purpose of Disbursement Cell Phone Bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-S-2401 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 212.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/29/09) |
| C. | Full Name (Last, First, Middle Initial) American Printing Company <hr/> Mailing Address 6004 Two Notch Road <hr/> City Columbia State SC Zip Code 29223-7227 <hr/> Purpose of Disbursement Printing: Envelopes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16188 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 144.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 452.78 |
| 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)

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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)
Joe Wilson For Congress Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Advantage Inc <hr/> Mailing Address 1611 N Kent Street <hr/> City Arlington State VA Zip Code 22209-2128 <hr/> Purpose of Disbursement Phone Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16189 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1291.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) The Congressional Institute <hr/> Mailing Address 401 Wythe Street Suite 103 <hr/> City Alexandria State VA Zip Code 22314-1927 <hr/> Purpose of Disbursement Retreat Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-S-2405 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1658.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(03/04/09) |
| C. | Full Name (Last, First, Middle Initial) Committee Of 100 <hr/> Mailing Address 1201 Main Street <hr/> City Columbia State SC Zip Code 29201-3200 <hr/> Purpose of Disbursement Annual Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16308 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

1541.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16240 Date of Disbursement 03 / 20 / 2009 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Irmo Lock Mailing Address 7418 Woodrow Street City Irmo State SC Zip Code 29063-2830 Purpose of Disbursement repair door lock Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16184 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) UPS PAC Mailing Address 316 Pennsylvania Avenue SE Suite 300 City Washington State DC Zip Code 20003-1173 Purpose of Disbursement Inkind: Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-I-16215 Date of Disbursement 03 / 04 / 2009 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 |

SUBTOTAL of Disbursements This Page (optional) ▶

310.00

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)
Joe Wilson For Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16290 Date of Disbursement 03 / 23 / 2009 Amount of Each Disbursement this Period 62.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E Sky Harbor Boulevard City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement Plane Ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-S-2404 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 1195.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(03/04/09) |
| C. | Full Name (Last, First, Middle Initial) Carolina First VISA Card Mailing Address P. O. Box 112001 City Greenville State SC Zip Code 29615 Purpose of Disbursement Credit Card Bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16317 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 785.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions. |

SUBTOTAL of Disbursements This Page (optional) ▶

848.12

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)
Joe Wilson For Congress Committee

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Auto-Owners Insurance | Transaction ID: B-E-16186 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 30315 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Lansing State MI Zip Code 48909-7815 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Business Owners Insurance Candidate Name | <table border="1"><tr><td>404.49</td></tr></table> | 404.49 | | | | | | | | | | | | | | | | | | |
| 404.49 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type: <table border="1"><tr><td>001</td></tr></table> | 001 | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Citibank Credit Card | Transaction ID: B-E-16297 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 44180 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Jacksonville State FL Zip Code 32231-4180 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Airline Ticket Candidate Name | <table border="1"><tr><td>577.50</td></tr></table> | 577.50 | | | | | | | | | | | | | | | | | | |
| 577.50 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type: <table border="1"><tr><td>001</td></tr></table> | 001 | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: B-S-2409 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 660108 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Dallas State TX Zip Code 75266-0108 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Phone Service and Phone Equipm Candidate Name | <table border="1"><tr><td>764.41</td></tr></table> | 764.41 | | | | | | | | | | | | | | | | | | |
| 764.41 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type: <table border="1"><tr><td>001</td></tr></table> | 001 | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]
Subitemization of Carolina First VISA Card(03/04/09)

| | | |
|--|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>981.99</td></tr></table> | 981.99 |
| 981.99 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Joe Wilson For Congress Committee

| | | |
|---|--|--|
| A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-S-2414 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009 |
| | Category/Type 001 | Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(03/19/09) |

| | | |
|--|--|---|
| B. U.S. Postmaster Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16306 Date of Disbursement MM / DD / YYYY 03 / 04 / 2009 |
| | Category/Type 001 | Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|--|
| C. Lexington Chronicle Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16307 Date of Disbursement MM / DD / YYYY 03 / 04 / 2009 |
| | Category/Type 001 | Amount of Each Disbursement this Period 346.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 416.50 |
| 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)

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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)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
The Honora Joe Wilson

Mailing Address 2825 Wilton Road

City West Columbia State SC Zip Code 29170-2601

Purpose of Disbursement
Heritage Foundation Retreat Du
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-16318
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1468.50

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

B.

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

Mailing Address 316 Pennsylvania Avenue SE Suite 300

City Washington State DC Zip Code 20003-1173

Purpose of Disbursement
Inkind: Catering
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-I-16213
Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 2001 Dixiana Road

City West Columbia State SC Zip Code 29172-3007

Purpose of Disbursement
Administrative/Salary/Overhead: BRM acct
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: B-E-16193
Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

150.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1678.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Carolina First VISA Card <hr/> Mailing Address P. O. Box 112001 <hr/> City Greenville State SC Zip Code 29615 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16309 Date of Disbursement 03 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 7662.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions. |
| B. | Full Name (Last, First, Middle Initial) Carolina First VISA Card <hr/> Mailing Address P. O. Box 112001 <hr/> City Greenville State SC Zip Code 29615 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16298 Date of Disbursement 01 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 2351.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions. |
| C. | Full Name (Last, First, Middle Initial) Lexington Printing <hr/> Mailing Address PO Box 4672 <hr/> City West Columbia State SC Zip Code 29171-4672 <hr/> Purpose of Disbursement Printing: Invitations Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B-E-16182 Date of Disbursement 01 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 960.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

10975.42

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)
Joe Wilson For Congress Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E Sky Harbor Boulevard City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement airline fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-S-2382 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09) |
| B. | Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E Sky Harbor Boulevard City Phoenix State AZ Zip Code 85034-3802 Purpose of Disbursement airline flight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-S-2381 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 557.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09) |
| C. | Full Name (Last, First, Middle Initial) Vista Events. LLC Mailing Address 320 Senate Street City Columbia State SC Zip Code 29201-3032 Purpose of Disbursement Campaign Event: facility rental fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: B-E-16170 Date of Disbursement 01 / 28 / 2009 Amount of Each Disbursement this Period 950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 950.00 |
| 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)

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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)
Joe Wilson For Congress Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) UPS PAC</p> <p>Mailing Address 316 Pennsylvania Avenue SE Suite 300</p> <p>City Washington State DC Zip Code 20003-1173</p> <p>Purpose of Disbursement Inkind: Facility Fee Rental</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-I-16212</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 660108</p> <p>City Dallas State TX Zip Code 75266-0108</p> <p>Purpose of Disbursement cell phone bill</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-S-2388</p> <p>Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 581.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09)</p> |
| <p>C. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E Sky Harbor Boulevard</p> <p>City Phoenix State AZ Zip Code 85034-3802</p> <p>Purpose of Disbursement airline ticket</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B-S-2383</p> <p>Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 937.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Carolina First VISA Card(01/06/09)</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

200.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Joe Wilson For Congress Committee

A.

Full Name (Last, First, Middle Initial)
US Treasury

Mailing Address 1050 Connecticut Avenue NW

City Washington State DC Zip Code 20036-5303

Purpose of Disbursement
Quarterly Tax Payment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-16300
Date of Disbursement

02 / 05 / 2009

Amount of Each Disbursement this Period

11857.10

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

B.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 710 W Main Street

City Lexington State SC Zip Code 29072-2545

Purpose of Disbursement
Stamps

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-2413
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

210.00

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

[MEMO ITEM]

Subitemization of Carolina First VISA Card(03/19/09)

SUBTOTAL of Disbursements This Page (optional) ►

11857.10

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

67268.98