

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C00200980 101998
MELISSA BALLENGER JORDAN
CASS BALLENGER FOR CONGRESS CO
MMITTEE
361 10TH AVENUE DRIVE NE
P O BOX 2552
HICKORY NC 28603

Check of House DEC 5 10 27 AM '98
116421
2. FEC IDENTIFICATION NUMBER
C00200980
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on 11-2-98 in the State of NC
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10-15-98</u> through <u>11-23-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	30487.75	151348.87
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	30487.75	151348.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26291.20	86213.06
(b) Total Offsets to Operating Expenditures (from Line 14)	10.60	10.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	26280.60	86202.46
8. Cash on Hand at Close of Reporting Period (from Line 27)	100385.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-684-1100

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
MELISSA B. JORDAN

Signature of Treasurer
Melissa B Jordan

Date
12-1-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In Full) <i>Class Challenge for Congress Committee C00200980</i>	Report Covering the Period:	
	From: <i>10-15-98</i>	To: <i>11-23-98</i>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	<i>8050.00</i>	
(ii) Unitemized -----	<i>2045.45</i>	
(iii) Total of contributions from individuals -----	<i>10095.45</i>	<i>68343.00</i>
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	<i>20392.30</i>	<i>83005.87</i>
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	<i>30487.75</i>	<i>151348.87</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	<i>10.60</i>	<i>10.60</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	<i>30498.35</i>	<i>151359.47</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	<i>26291.20</i>	<i>86213.06</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	<i>5000.00</i>	<i>30000.00</i>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	<i>1242.30</i>	<i>31565.87</i>
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	<i>32533.50</i>	<i>147718.93</i>

II. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	<i>102420.83</i>
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	<i>30498.35</i>
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	<i>132919.18</i>
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	<i>32533.50</i>
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	<i>100385.68</i>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11A

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>James H. Bouman</u> <u>555. 10th St. NW</u> <u>Hickory NC 28601</u>	<u>Retired</u>	<u>10/16/98</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		<u>> \$ 650 -</u>	
<u>Thomas A. Mahoney</u> <u>P.O. Box 548</u> <u>N. Wilkesboro NC 28659</u>	<u>Caroline Mirror Co.</u>	<u>10/15</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	<u>Exec.</u>	<u>> 6</u>	
<u>John T. Mills</u> <u>960. 18th Ave. Ct. NW</u> <u>Hwy 28601</u>	<u>self</u>	<u>10/15</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	<u>housewife</u>	<u>> \$ 750 -</u>	
<u>Richard Ostrowski</u> <u>988. 18th Ave. Ct. NW</u> <u>Hwy 28601</u>	<u>NW Home/Onc. Clinic</u>	<u>10/15</u>	<u>250.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	<u>MD</u>	<u>> \$ 500 -</u>	
<u>Wesley E. Collins</u> <u>349 Tremont Ct. SE</u> <u>Lenoir NC 28645</u>	<u>Retired</u>	<u>10/20</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		<u>> \$ 500 -</u>	
<u>George P. Johnson</u> <u>1320 Earwood Rd.</u> <u>Statesville NC 28677</u>	<u>Retired</u>	<u>10/20</u>	<u>300.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		<u>> \$ 600 -</u>	
<u>Alfred Steyfus</u> <u>1369 Lakeshore Dr.</u> <u>Virginia Beach VA 23464</u>	<u>ECPI Colleges</u>	<u>10/20</u>	<u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	<u>Pres.</u>	<u>> \$ 500 -</u>	

SUBTOTAL of Receipts This Page (optional) 2550.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.C. Carreon 2633 Richardson Dr. Charlotte Nc 28211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired.	10/20	100.00
Aggregate Year-to-Date > \$ 200 -			
B. Full Name, Mailing Address and ZIP Code A. Alex Skuyford 1627 Couble Dairy Rd. Hwy 28602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CV Industries	10/22	250.00
Aggregate Year-to-Date > \$ 500 -			
C. Full Name, Mailing Address and ZIP Code D.E. Eilson P.O. Box 796 Cornu Nc 28613 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Trade Shows Inc.	10/22	50.00
Aggregate Year-to-Date > \$ 550 -			
D. Full Name, Mailing Address and ZIP Code Robert R. Dixon 240. 18th St. Ct. SE Hwy 28602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Catawba Pediatrics	10/21	100.00
Aggregate Year-to-Date > \$ 350 -			
E. Full Name, Mailing Address and ZIP Code Louis W. Garrou 205 B Ridgeside Terr. Mangerton Nc 28655 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/26	300.00
Aggregate Year-to-Date > \$ 300 -			
F. Full Name, Mailing Address and ZIP Code Gilford E. Smithson 1813 5th St. NW Hwy 28601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/26	300.00
Aggregate Year-to-Date > \$ 300 -			
G. Full Name, Mailing Address and ZIP Code Paul C. Underdown Jr. 949. 1st St. NE Hwy 28601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hwy Spring Mfg	10/26	100.00
Aggregate Year-to-Date > \$ 600 -			

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (Item page this line number only) 1200.00

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NAME OF COMMITTEE (in Full)

Case Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Preston P.O. Box 367 Croner NC 28613	Mister Onellet of America	10/27	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code John E. Bycoth 2555 Penn. Ave. NW #806 WDC 20037-1637	Name of Employer EAW Group, Inc.	Date (month, day, year) 10/28	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 250 -	
C. Full Name, Mailing Address and ZIP Code Allene B. Heilman 153 SE Hillhaven Dr. Lenoir NC 28645	Name of Employer Retired	Date (month, day, year) 10/28	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500 -	
D. Full Name, Mailing Address and ZIP Code Thomas H. Shore 1840 8th St. NW Hwy 28601	Name of Employer Self	Date (month, day, year) 10/28	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Furniture mfg.	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code Nancy S. Dowdy 800 18th Ave. Dr. NW Hwy 28601	Name of Employer Retired	Date (month, day, year) 10/28	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225 -	
F. Full Name, Mailing Address and ZIP Code James A. Perdue Box 1537 Salisbury MD 21802	Name of Employer Perdue Farms Inc.	Date (month, day, year) 10/31	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code Jack Schoonderwerf 1064 14th Ave. Ct. NW Hwy 28601	Name of Employer Retired	Date (month, day, year) 10/31	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100 -	

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (see page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Stewart 5011 Saddle Horn Trail Matthews NC 28104	Woolpert LLP	10/31	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation -acc.	Aggregate Year-to-Date > \$ 250 -	
B. Full Name, Mailing Address and ZIP Code Richard M. Garlitz 3145 Laurel Ridge Rd. NW Hwy 28601	Self	11/3	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DDS	Aggregate Year-to-Date > \$ 200 -	
C. Full Name, Mailing Address and ZIP Code Henry W. Abernethy 221. 13th Ave. Pl. NW Hwy 28601	Self	11/3	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code William D. Holloway POB 152 Newton NC 28658	Self	11/3	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	
E. Full Name, Mailing Address and ZIP Code Homer Barrett POB 264 Blowing Rock NC 28605	Retired	11/4	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 100 primary	Occupation	Aggregate Year-to-Date > \$ 200 -	
F. Full Name, Mailing Address and ZIP Code W. S. Frisby 216. 3rd Ave. NE Hwy 28601	Retired	11/7	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 11 primary	Occupation	Aggregate Year-to-Date > \$ 450 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

8050.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)
Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AAO PAC 401 N. Lindbergh Blvd. St. Louis Mo 63141-7016		10/16/98	1500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NBWA PAC 1100 S. Washington St. Alexandria VA 22314-4494		10/20	1000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEERE PAC - Illinois John Deere Rd. Moline IL 61265		10/20	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tenet Healthcare Corp. PAC 3820 State St. Santa Barbara CA 93105		10/20	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Geon Co. PAC 1 Geon Center Avon Lake OH 44012		10/22	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l. Aggregates Assoc. PAC 900 Spring St. Silver Spring MD 20910		10/22	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUILD PAC 1201 15th St. NW WDC 20005-2800		10/22	1000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	

SUBTOTAL of Receipts This Page (optional) 5500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dickstein, Shapiro & Morin PAC 2101 L St. NW WDC 20037		10/22	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250 -	
B. Full Name, Mailing Address and ZIP Code BB & T Co. PAC POB 1290 Winston-Salem NC 27102-1290		10/26	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
C. Full Name, Mailing Address and ZIP Code Burlington Ind. Good Govt. Comm. POB 21207 Greensboro NC 27420		10/26	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 -	
D. Full Name, Mailing Address and ZIP Code BANKPAC 1120 Conn. Ave. NW WDC 20036		10/26	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code NALU PAC 1922 F. St. NW WDC 20006		10/26	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
F. Full Name, Mailing Address and ZIP Code AHA PAC 325. 7th St. NW WDC 20004		10/26	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
G. Full Name, Mailing Address and ZIP Code RPAC 430 N. Michigan Ave. Chicago IL 60611		10/26	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4000 -	

SUBTOTAL of Receipts This Page (optional) 6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in full)
Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.R. Donnelly & Sons PAC 77 Wacker Dr. Chicago IL 60601-1696 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1000 -	10/26	1000.00
WIL PAC 3800 1st Interstate Tower Portland OR 97201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500 -	10/26	500.00
Sunbelt PAC of Wier Dixie Stores Box B Jacksonville FL 32203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 750 -	10/26	750.00
NRCC 320 1st St. SE WDC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 42.30	10/28	42.30 in-kind
Empac (Blue Cross/BlueShield) POB 2291 Durham NC 27402-2291 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1000 -	10/28	1000.00
American Medical Pac 1101 Vermont Ave. NW WDC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 2000 -	10/31	1000.00
NCAA PAC 1550 Spring Rd. #320 Oakbrook IL 60521 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 1000 -	10/31	1000.00

SUBTOTAL of Receipts This Page (optional) 5292.30

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Investment Management PAC 1401 H. St. NW WDC 20005		10/31	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Precursor PAC 607 Cabot Way Napa CA 94559		10/31	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AHAPAC (Auto + Homeowners) POB 27994 WDC 20038		10/31	350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NUCA PAC 4301 Fairfax Dr. #360 Arlington VA 22203		11/3	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bowling Proprietors' PAC POB 5802 Arlington TX 76005		11/3	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COREPAC 1350 I St. NW #500 WDC 20005-3305		11/3	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

3350.00

TOTAL This Period (test page this line number only)

20392.30

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Medic General Inc. P.O. Box 85333 Richmond VA 23293-0001		11/19	10.60 refund
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 10.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Case Challenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Main Ave SE Hickory NC 28603-9998	Certified mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/98	4.35
T. Case Challenger 867. 20th Ave. S. NW Way 28601	Reimburse airfare Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16	627.00
Gaye Watts 8287 Britain Rd. Way 28602	Reimburse phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16	34.90
Sprint POB 96028 Charlotte NC 28296-0028	Voice mail Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20	9.93
Computer Tree 2550 Vicary Dr. Winston-Salem NC 27103-0000	Paper & Cartridge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20	68.46
Advanced Mailing Services POB 19270 Greensboro NC 27419	Fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20	280.00
Sprint POB 96028 Charlotte NC 28296-0028	Long distance Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20	163.78
Postmaster Main Ave SE Way 28603-9998	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21	320.00
Bradford Communications POB 3081 Way 28603	Radio & News buy Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21	7939.07

SUBTOTAL of Disbursements This Page (optional) 9447.49

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catawba County GOP 269. 2nd Ave. SE Way 28601	Victory Party Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cash	Petty Cash acct. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa Jordan 3776 Pleasant Dr. NE Way 28601	Nov. pay Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	300.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gaye Watts 8287 Brittain Rd. Way 28602	Nov. pay Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	1536.20
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelsey Williams 127 Celeste Estates Rd. Statenville NC 28677	Oct./Nov. pay Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	2400.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelsey Williams Same as above	bonus Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelsey Williams Same as above	phone + mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	345.38
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Conquest Communications POB 6589 Richmond VA 23230	GOTV calls Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29	7292.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BTI POB 150002 Raleigh NC 27624-0002	telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2	119.18

SUBTOTAL of Disbursements This Page (optional)	12542.76
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Case Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Caroline Office Equipment Pob 2145 Hwy 28603	supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1	44.62
B. Full Name, Mailing Address and ZIP Code James D. Ballenger 867. 20th Ave. S. NW Hwy 28601	Reimburse photos Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2	1089.47
C. Full Name, Mailing Address and ZIP Code Postmaster Main Ave. SE Hwy 28603-9998	business reply acct. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) too primary	11/6	50.00
D. Full Name, Mailing Address and ZIP Code Postmaster Same as above	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) too primary	11/11	384.00
E. Full Name, Mailing Address and ZIP Code Patrick Murphy 2182 Rayburn HSB Washington DC 20515	Reimburse shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11	18.78
F. Full Name, Mailing Address and ZIP Code Silver Riv. Tribute / ACGOP Pob 12905 Raleigh NC 27605	sponsor fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17	1000.00
G. Full Name, Mailing Address and ZIP Code Gaye Watts 8287 Brittain Rd. Hwy 28602	Phone & mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17	98.70
H. Full Name, Mailing Address and ZIP Code Print Pob 9602B Charlotte NC 28296-002B	telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19	9.93
I. Full Name, Mailing Address and ZIP Code Kee Smith, Cong. Printer 4333 Charles Crossing Dr. White Plains MD 20695	Xmas cards Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) too primary	11/19	110.00

SUBTOTAL of Disbursements This Page (optional)

2805.50

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bredford Communications P.O. Box 3081 Hwy 28603	Radio + News Prod. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19	1495.45
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1495.45

TOTAL This Period (last page this line number only)

26291.20

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>NRCC 320 1st St. SE WDC 20003</i>	<i>Transfer excess campaign funds</i>	<i>10/28/98</i>	<i>5000.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<i>5000.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shawn Terry for Congress 2634 S. Carrier Pkwy #104 Grand Prairie TX 75052	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1000.00
Susan Miller for County Comm. 220-A 2nd St. NE Hay NC 28601	debt retirement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26	100.00
James Lyons for Sheriff 1469 Deerfield Rd. Boone NC 28607	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27	100.00
NRCC 320-1st St. SE WDC 20003	Video Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28	42.30 i-kind
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1242.30

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>12/2/98</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RAM</i> PREPARER	<i>12/5/98</i> DATE PREPARED