

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MCHENRY FOR CONGRESS

Report Covering the Period:

From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 276166.00 | 886129.67 |
| (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))..... | 276166.00 | 886129.67 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 153440.86 | 646655.44 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 812.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 153440.86 | 645843.44 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 325663.17 | |
| 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)..... | 126663.24 | |

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

Write or Type Committee Name
MCHENRY FOR CONGRESS

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|--------------------------------------|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 144545.00 | 374082.26 |
| (ii) Unitemized..... | 9621.00 | 50979.00 |
| (iii) TOTAL of contributions from individuals..... ▶ | 154166.00 | 425061.26 |
| (b) Political Party Committees..... | 0.00 | 103.00 |
| (c) Other Political Committees (such as PACS)..... | 122000.00 | 460965.41 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 276166.00 | 886129.67 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 812.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 276166.00 | 886941.67 |

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|-----------|-----------|
| 17. OPERATING EXPENDITURES..... | 153440.86 | 646655.44 |
| 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 | 78150.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 153440.86 | 724805.44 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 202938.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 276166.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 479104.03 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 153440.86 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 325663.17 |

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

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

FOR LINE NUMBER: PAGE 5 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Action Commt. For Rural Electrification

Mailing Address 4301 Wilson Blvd

City State Zip Code
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 8

Transaction ID: 80423.C7634

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
AFLAC Inc. Political Action Committee

Mailing Address 1932 Wynnton Rd

City State Zip Code
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7468

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 120 4th St SW

City State Zip Code
Hickory NC 28602-2947

FEC ID number of contributing federal political committee. **C** C00371385

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80327.C7454

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Bankers Assn. PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7471

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
American Financial Services Association

Mailing Address 919 18th St NW

City State Zip Code
Washington DC 20006-5519

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80423.C7593

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
American Institute of CPAs PAC

Mailing Address Palladian Corporate Center
220 Leigh Farm Road

City State Zip Code
Durham NC 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80424.C7793

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 7 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 1101 Vermont Ave NW FI 12

City State Zip Code
Washington DC 20005-3521

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80423.C7591

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists

Mailing Address 520 N Northwest Hwy

City State Zip Code
Park Ridge IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C7504

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Anheuser-Busch Political Action Cmmttee.

Mailing Address 1 Busch PI # 202-5

City State Zip Code
Saint Louis MO 63118-1849

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 8

Transaction ID: 80423.C7607

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC

Mailing Address 4250 North Fairfax Drive
9th Floor

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7661

Amount of Each Receipt this Period

5000.00

Receipt

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

B.

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

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

City State Zip Code
San Antonio TX 78205-2255

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

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

Transaction ID: 80130.C7289

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

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

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

City State Zip Code
San Antonio TX 78205-2255

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7747

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

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

City State Zip Code
San Antonio TX 78205-2255

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7745

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7695

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7696

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carolinas HealthCare System Employees PA

Mailing Address PO Box 32861

City State Zip Code
Charlotte NC 28232-2861

FEC ID number of contributing federal political committee. **C** C00423871

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80327.C7453

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1500 Market Street

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80327.C7458

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 30 Broad St Fl 28
28th Floor

City State Zip Code
New York NY 10004-2956

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7698

Amount of Each Receipt this Period
2500.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Council Of Insurance Agents & Brokers

Mailing Address 701 Pennsylvania Ave NW Ste 750
Suite 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7475

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00328468

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7704

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 422 South Church Street (pb04r)

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 80423.C7594

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Every Republican is Crucial PAC
Mailing Address 209 Pennsylvania Ave SE
City Washington State DC Zip Code 20003-1107
FEC ID number of contributing federal political committee. **C** C00384701
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7732
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Federal Express Political Action Cmmttee
Mailing Address 942 S Shady Grove Rd
City Memphis State TN Zip Code 38120-4117
FEC ID number of contributing federal political committee. **C** C00068692
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7741
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Hilton for NC House Committee
Mailing Address 1351 Northern Dr NW
City Conover State NC Zip Code 28613-6508
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 600.00
Date of Receipt 03 / 20 / 2008
Transaction ID: 80327.C7535
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 13 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HSBC North America PAC
Mailing Address 2700 Sanders Rd
City Prospect Heights State IL Zip Code 60070-2701
FEC ID number of contributing federal political committee. **C** C00033423
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 01 / 18 / 2008
Transaction ID: 80130.C7295
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ICI Pac
Mailing Address 1401 H St NW # 1200 #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: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 04 / 03 / 2008
Transaction ID: 80423.C7590
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Independent Insurance Agents Of America
Mailing Address 412 1st St SE Ste 300
City Washington State DC Zip Code 20003-1804
FEC ID number of contributing federal political committee. **C** C00022343
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 02 / 15 / 2008
Transaction ID: 80327.C7336
Amount of Each Receipt this Period 5000.00
Receipt
 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 14 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees Good Govt
Mailing Address 1 Johnson And Johnson Plz
City State Zip Code
New Brunswick NJ 08933-0001
FEC ID number of contributing federal political committee. **C** C00010983
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8
Transaction ID: 80423.C7743
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
KPMG Partners/Principals & Employees
Mailing Address PO Box 18254
City State Zip Code
Washington DC 20036-8254
FEC ID number of contributing federal political committee. **C** C00280222
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8
Transaction ID: 80423.C7700
Amount of Each Receipt this Period
4000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
KPMG Partners/Principals & Employees
Mailing Address PO Box 18254
City State Zip Code
Washington DC 20036-8254
FEC ID number of contributing federal political committee. **C** C00280222
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8
Transaction ID: 80423.C7701
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**
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 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lorillard Tobacco Company Public Affairs

Mailing Address 714 Green Valley Rd

City Greensboro State NC Zip Code 27408-7018

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: 80327.C7377

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Miller Brewing Company PAC

Mailing Address 655 15th Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00102780

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80423.C7592

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 1585 Broadway 39th Floor

City New York State NY Zip Code 10036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80327.C7456

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address Mutual Of Omaha Plz

City State Zip Code
Omaha NE 68175-0002

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 80327.C7530

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2901 Telestar Ct

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 80327.C7455

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 122 C Street, NW
Suite 540

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 80327.C7451

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 122 C Street, NW
Suite 540

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 80327.C7450

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
National Assn of Federal Credit Unions

Mailing Address 3138 10th St N

City Arlington State VA Zip Code 22201-2108

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7742

Amount of Each Receipt this Period
1000.00

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

C.

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

Mailing Address One Nationwide Plaza 1-32-06

City Columbus State OH Zip Code 43215-2220

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80327.C7418

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Natl Assoc. of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 8

Transaction ID: 80423.C7637

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Outback Steakhouse Inc Political Action

Mailing Address 2202 N Westshore Boulevard 5th Flo
Or

City State Zip Code
Tampa FL 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7697

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
PCIPAC

Mailing Address 2600 S River Rd

City State Zip Code
Des Plaines IL 60018-3203

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 80424.C7794

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PCIPAC
Mailing Address 2600 S River Rd
City Des Plaines State IL Zip Code 60018-3203
FEC ID number of contributing federal political committee. **C** C00066472
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6500.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80424.C7795
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Piedmont Natural Gas PAC
Mailing Address PO Box 33068
City Charlotte State NC Zip Code 28233-3068
FEC ID number of contributing federal political committee. **C** C00144824
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 13 / 2008
Transaction ID: 80327.C7470
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PricewaterhouseCoopers PAC
Mailing Address 1301 K St NW Ste 800 Suite 800 West
City Washington State DC Zip Code 20005-3317
FEC ID number of contributing federal political committee. **C** C00107235
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 02 / 08 / 2008
Transaction ID: 80327.C7309
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 145
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Progress Energy Employees Federal PAC

Mailing Address PO Box 1510
PEB 1505

City Raleigh State NC Zip Code 27602-1551

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 06 / 2008
Transaction ID: 80327.C7459
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address P.O. Box 51

City Homeland State FL Zip Code 33847

FEC ID number of contributing federal political committee. **C** C00389122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 06 / 2008
Transaction ID: 80327.C7457
Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Sallie Mae Inc Political Action Committee

Mailing Address 12061 Bluemont Way

City Reston State VA Zip Code 20190-5684

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 80327.C7373
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Sallie Mae Inc Political Action Committee

Mailing Address 12061 Bluemont Way

City State Zip Code
Reston VA 20190-5684

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7740

Amount of Each Receipt this Period

2000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Sallie Mae Inc Political Action Committee

Mailing Address 12061 Bluemont Way

City State Zip Code
Reston VA 20190-5684

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7739

Amount of Each Receipt this Period

2000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Southeast Anesthesia Associates PAC

Mailing Address PO Box 36351

City State Zip Code
Charlotte NC 28236-6351

FEC ID number of contributing federal political committee. **C** C00306878

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7759

Amount of Each Receipt this Period

5000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Desert Caucus

Mailing Address PO Box 31564

City State Zip Code
Tucson AZ 85751-1564

FEC ID number of contributing federal political committee. **C** C00102368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 80423.C7612

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
The Desert Caucus

Mailing Address PO Box 31564

City State Zip Code
Tucson AZ 85751-1564

FEC ID number of contributing federal political committee. **C** C00102368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 80423.C7611

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
The Freedom Project

Mailing Address 111 C St SE

City State Zip Code
Washington DC 20003-1832

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7731

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The GlaxoSmithKline PAC

Mailing Address Five Moore Drive
Research Triangle

City State Zip Code
Durham NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7702

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
The GlaxoSmithKline PAC

Mailing Address Five Moore Drive
Research Triangle

City State Zip Code
Durham NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7703

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Timken Company Good Government Fund, The

Mailing Address 1835 Dueber Avenue S.w.

City State Zip Code
Canton OH 44706

FEC ID number of contributing federal political committee. **C** C00311308

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7662

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Travelers Companies, Inc. PAC

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183-0001

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: 80423.C7635

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code
Atlanta GA 30328-3474

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 80423.C7577

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code
Atlanta GA 30328-3474

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 80423.C7608

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 25 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wachovia Corp. Employees Good Govt Com.
 Mailing Address 301 SOUTH COLLEGE STREET
 City State Zip Code
 Charlotte NC 28288-0001
 FEC ID number of contributing federal political committee. **C** C00012518
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 10000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 0 6 / 2 0 0 8
Transaction ID: 80327.C7452
 Amount of Each Receipt this Period
 3000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Zeneca PAC
 Mailing Address 701 Pennsylvania Ave NW
 Ste 500
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00279455
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 8
Transaction ID: 80423.C7584
 Amount of Each Receipt this Period
 2500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5500.00**
TOTAL This Period (last page this line number only) ► **122000.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Matthew Adams

Mailing Address 304 E 4th Ave

City State Zip Code
Gastonia NC 28054-0438

FEC ID number of contributing federal political committee. C

Name of Employer Regal Rubber Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 03 / 14 / 2008

Transaction ID: 80327.C7485

Amount of Each Receipt this Period 150.00

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

B.

Full Name (Last, First, Middle Initial)
Matthew Adams

Mailing Address 304 E 4th Ave

City State Zip Code
Gastonia NC 28054-0438

FEC ID number of contributing federal political committee. C

Name of Employer Regal Rubber Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 04 / 16 / 2008

Transaction ID: 80423.C7791

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Matteo Agosta

Mailing Address 8127 Peninsula Ln

City State Zip Code
Sherrills Ford NC 28673-9249

FEC ID number of contributing federal political committee. C

Name of Employer Steele Rubber Products Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2008

Transaction ID: 80423.C7602

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 500.00

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 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gerald Allen

Mailing Address 2124 US 70 W

City State Zip Code
Morganton NC 28655-9251

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

Name of Employer Belle Farm Occupation Self Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80327.C7417

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1840 Tanglebriar Ct

City State Zip Code
Matthews NC 28104-7859

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

Name of Employer A3 Technologies Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80423.C7714

Amount of Each Receipt this Period
100.00

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

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

Mailing Address P.O. .Box 1011

City State Zip Code
Hendersonville NC 28793

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

Name of Employer State Of NC Occupation State Senator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80130.C7303

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 402 Laforet Dr

City State Zip Code
Morganton NC 28655

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

Name of Employer Morganton Federal Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 80327.C7410

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jill Bagby

Mailing Address 1025 E Sanders Rd

City State Zip Code
Shelby NC 28150-9253

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

Name of Employer Cleveland County Schools Occupation Speech & Language Pathologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 80130.C7293

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Jill Bagby

Mailing Address 1025 E Sanders Rd

City State Zip Code
Shelby NC 28150-9253

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

Name of Employer Cleveland County Schools Occupation Speech & Language Pathologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 7 / 2 0 0 8

Transaction ID: 80423.C7606

Amount of Each Receipt this Period
150.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 703 W Marion St

City State Zip Code
Shelby NC 28150-5041

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

Name of Employer Re/Max Select Occupation Realtor

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7711

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Hoyt Bailey

Mailing Address 600 Polkville Rd

City State Zip Code
Shelby NC 28150-2898

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

Name of Employer None Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7724

Amount of Each Receipt this Period
500.00

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

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

Mailing Address PO Box 3176

City State Zip Code
Morganton NC 28680-3176

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

Name of Employer None Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7474

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
David Beam

Mailing Address 437 Country Club Ct

City State Zip Code
Shelby NC 28150-4848

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Insulate America President

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7659

Amount of Each Receipt this Period
1000.00

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

B.

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

Mailing Address 997 Folger Dr

City State Zip Code
Statesville NC 28625-6202

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Toyota West Auto Dealer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7717

Amount of Each Receipt this Period
1000.00

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

C.

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

Mailing Address 3250 Candlewick Way

City State Zip Code
Gastonia NC 28056

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Precision Machine Products Owner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 14 / 2008

Transaction ID: 80327.C7507

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 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 31 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 118 Random Farms Dr

City State Zip Code
Chappaqua NY 10514-1019

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

Name of Employer Kenmar Occupation General Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 8

Transaction ID: 80327.C7342

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jerome Bolick

Mailing Address PO Box 307

City State Zip Code
Conover NC 28613-0307

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

Name of Employer Southern Furniture Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7723

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Janette Bollinger

Mailing Address 4600 Hickory Nut Ridge Rd

City State Zip Code
Granite Falls NC 28630-8208

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7687

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Larry Bowman

Mailing Address 1043 Rolling Green Dr

City State Zip Code
Newton NC 28658-9229

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

Name of Employer CommScope, Inc Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 1 / 2 0 0 8

Transaction ID: 80423.C7641

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Margaret Brady

Mailing Address 450 18th Ave Lane NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Pepsi Bottling Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7689

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 225 W Union St

City State Zip Code
Morganton NC 28655-3763

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

Name of Employer Self Employed Occupation Financial Planner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 80327.C7446

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 33 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ira Brody

Mailing Address 6815 Halls Hill Pike

City Murfreesboro State TN Zip Code 37130

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

Name of Employer: Ins Cap, LLC Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 01 / 18 / 2008
Transaction ID: 80130.C7296
 Amount of Each Receipt this Period: 2300.00

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

B. Full Name (Last, First, Middle Initial)
Ira Brody

Mailing Address 6815 Halls Hill Pike

City Murfreesboro State TN Zip Code 37130

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

Name of Employer: Ins Cap, LLC Occupation: Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt: 01 / 18 / 2008
Transaction ID: 80130.C7297
 Amount of Each Receipt this Period: 2300.00

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

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

Mailing Address 6815 Halls Hill Pike

City Murfreesboro State TN Zip Code 37130

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

Name of Employer: None Occupation: Volunteer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 01 / 18 / 2008
Transaction ID: 80130.C7299
 Amount of Each Receipt this Period: 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sara Brody
Mailing Address 6815 Halls Hill Pike
City Murfreesboro State TN Zip Code 37130
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Volunteer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 01 / 18 / 2008
Transaction ID: 80130.C7298
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Broughton
Mailing Address 2560 Warwick Rd
City Winston Salem State NC Zip Code 27104-1944
FEC ID number of contributing federal political committee. **C**
Name of Employer Womble Carlyle Sandrige & Rice Occupation Government Relations
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 01 / 18 / 2008
Transaction ID: 80130.C7292
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michelle Brown
Mailing Address 809 36th Avenue Place, NW
City Hickory State NC Zip Code 28601
FEC ID number of contributing federal political committee. **C**
Name of Employer Housewife Occupation Housewife
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7718
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address PO Box 3066

City Drexel State NC Zip Code 28619-3066

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

Name of Employer Triangle Contractors, Inc. Occupation VP-CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2008
Transaction ID: 80423.C7787
Amount of Each Receipt this Period 250.00

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

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

Mailing Address 1608 Spangler Dr

City Shelby State NC Zip Code 28150-6136

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 140.00

Date of Receipt 01 / 18 / 2008
Transaction ID: 80130.C7288
Amount of Each Receipt this Period 20.00

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

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

Mailing Address 1608 Spangler Dr

City Shelby State NC Zip Code 28150-6136

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 160.00

Date of Receipt 02 / 21 / 2008
Transaction ID: 80327.C7407
Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Clyde Burr
Mailing Address 1608 Spangler Dr
City State Zip Code
Shelby NC 28150-6136
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 180.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8
Transaction ID: 80327.C7476
Amount of Each Receipt this Period
20.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Clyde Burr
Mailing Address 1608 Spangler Dr
City State Zip Code
Shelby NC 28150-6136
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8
Transaction ID: 80423.C7676
Amount of Each Receipt this Period
20.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Fred Caldwell
Mailing Address 130 Berry Mountain Rd
City State Zip Code
Cramerton NC 28032-1637
FEC ID number of contributing federal political committee. **C**
Name of Employer Caldwell Chevrolet Occupation Auto Dealer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8
Transaction ID: 80327.C7508
Amount of Each Receipt this Period
300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 340.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Debra Carpenter Scarborough
Mailing Address PO Box 550935

City State Zip Code
Gastonia NC 28055

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

Name of Employer Prudential Carolinas Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80424.C7796
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Debra Carpenter Scarborough
Mailing Address PO Box 550935

City State Zip Code
Gastonia NC 28055

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

Name of Employer Prudential Carolinas Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7551
 Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
J Carstarphen
Mailing Address 201 Mockinbird Lane

City State Zip Code
Mcadenville NC 28101

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

Name of Employer Pharr Yarns Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7543
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffrey Cash

Mailing Address 215 Carolina Dr

City State Zip Code
Cherryville NC 28021-2128

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

Name of Employer City of Cherryville Fire Dept.
Occupation Fire Chief

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 8

Transaction ID: 80423.C7705

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 227 Riverside Dr

City State Zip Code
Morganton NC 28655

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

Name of Employer None
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 80327.C7411

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Kirsten Chadwick

Mailing Address 312 Cloverway Drive

City State Zip Code
Alexandria VA 22314

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

Name of Employer Fierce, Isakowitz, & Blalock
Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 5 / 2 0 0 8

Transaction ID: 80327.C7340

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dana Chambers

Mailing Address 4055 Pinecrest Dr NE

City State Zip Code
Hickory NC 28601-8751

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

Name of Employer Occupation
Catawba Valley Medical Ce- Doctor
nter

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7677

Amount of Each Receipt this Period
150.00

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

B.

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

Mailing Address 188 Northshore Dr

City State Zip Code
Cherryville NC 28021-8314

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

Name of Employer Occupation
Chins Chinese Restaurant Owner

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7648

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Kim Clark

Mailing Address 1337 Idlewood Street, SW

City State Zip Code
Lenoir NC 28645

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

Name of Employer Occupation
None Housewife

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 80423.C7630

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Cohen

Mailing Address 22 Byron Ln

City State Zip Code
Larchmont NY 10538-1618

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

Name of Employer R.A.Cohen & Associates, INC. Occupation President

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

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7350

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dawn Collett

Mailing Address 509 W. Union Street

City State Zip Code
Morganton NC 28655

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

Name of Employer Housewife Occupation Housewife

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

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80327.C7316

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 2611 Sheffield Dr

City State Zip Code
Gastonia NC 28054-7266

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

Name of Employer Carolina Ear, Nose & Throat Occupation Physician

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

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: 80423.C7603

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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 41 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lucy Corwin

Mailing Address 618 6th Avenue PI NW

City State Zip Code
Hickory NC 28601-3575

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

Name of Employer None Occupation Homemaker

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

Amount of Each Receipt this Period: 500.00

Transaction ID: 80423.C7665

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

Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Wendell Cramer

Mailing Address PO Box 2888

City State Zip Code
Hickory NC 28603-2888

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

Name of Employer W. Cramer Co. Occupation Owner

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

Amount of Each Receipt this Period: 250.00

Transaction ID: 80423.C7643

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

Amount of Each Receipt this Period: 350.00

C.

Full Name (Last, First, Middle Initial)
Dan Crawford

Mailing Address 1700 Dogwood Hill Drive

City State Zip Code
Denver NC 28037

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

Name of Employer Rack Room Shoes Occupation Executive

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

Amount of Each Receipt this Period: 200.00

Transaction ID: 80327.C7385

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

Amount of Each Receipt this Period: 200.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Crosland

Mailing Address 227 West Trade Street
Suite 900

City State Zip Code
Charlotte NC 28202

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

Name of Employer Crosland, LLC Occupation Real Estate Developer

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

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 80327.C7423

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Grady Crouse

Mailing Address PO Box 11019

City State Zip Code
Hickory NC 28603

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

Name of Employer Al Crouse and Associates Occupation Insurance

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

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: 80423.C7604

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 129 Spring Forest Dr

City State Zip Code
Shelby NC 28152-9102

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

Name of Employer Products for Good Occupation Managing Partner

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7727

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 43 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 2721 Charleston Ct

City State Zip Code
Claremont NC 28610-8658

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

Name of Employer Occupation
Newton Vision Center Optometrist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7669

Amount of Each Receipt this Period

150.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
M. Henry Deal

Mailing Address 2755 Harbour Pointe Ct

City State Zip Code
Sherrills Ford NC 28673-9294

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

Name of Employer Occupation
Corporate Plans & Services Pension Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80423.C7716

Amount of Each Receipt this Period

150.00

Receipt

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

C.

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

Mailing Address 775 32nd Avenue Dr NW

City State Zip Code
Hickory NC 28601-9023

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

Name of Employer Occupation
Sigmon Radiation Oncologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7748

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan T. Dickson

Mailing Address 301 S Tryon St, Suite 1800

City State Zip Code
Charlotte NC 28202

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 80327.C7426

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Frank Drendel

Mailing Address PO Box 9212

City State Zip Code
Hickory NC 28603-9212

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

Name of Employer CommScope, Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 80327.C7427

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Cornelius Dyke

Mailing Address 915 Honeywood Ln

City State Zip Code
Gastonia NC 28056-7025

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

Name of Employer Caromont Health Occupation Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7469

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 45 / 145

(check only one)

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

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Cherokee Indians Eastern Band of

Mailing Address PO Box 455

City State Zip Code
Cherokee NC 28719

FEC ID number of contributing federal political committee.

C

Name of Employer
Na

Occupation
NA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

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

Transaction ID: 80423.C7600

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Cherokee Indians Eastern Band of

Mailing Address PO Box 455

City State Zip Code
Cherokee NC 28719

FEC ID number of contributing federal political committee.

C

Name of Employer
Na

Occupation
NA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

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

Transaction ID: 80423.C7599

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

H. Timothy Efird

Mailing Address 2525 Pinewood Rd

City State Zip Code
Gastonia NC 28054-7251

FEC ID number of contributing federal political committee.

C

Name of Employer
Standard Distributors

Occupation
Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C7479

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 2931 Grampian Dr

City State Zip Code
Gastonia NC 28054-6462

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

Name of Employer Standard Distributors Occupation Beverage Wholesaler

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: 80327.C7483

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 544 N Church St

City State Zip Code
Charlotte NC 28202-2208

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

Name of Employer Wachovia Occupation Investment Banker

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2008

Transaction ID: 80327.C7420

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Jim Ely

Mailing Address 2734 Beretania Circle

City State Zip Code
Charlotte NC 28211

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

Name of Employer Carolina Restoration Occupation Owner

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2008

Transaction ID: 80327.C7428

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Oliver Emmert

Mailing Address PO Box 1178

City State Zip Code
Shelby NC 28151-1178

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

Name of Employer Occupation
Alpha Mailing Service President

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7719

Amount of Each Receipt this Period
1050.00

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

B. Full Name (Last, First, Middle Initial)
Le N. Erwin

Mailing Address 742 Bost Rd

City State Zip Code
Morganton NC 28655-8026

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

Name of Employer Occupation
Self Employed Retail Store Owner

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

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

Transaction ID: 80327.C7412

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mark Evans

Mailing Address 2050 Evergreen Drive, NE

City State Zip Code
Conover NC 28613

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

Name of Employer Occupation
Dalco Nonwovens President

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7722

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Henry Faison</p> <p>Mailing Address 121 W Trade St Fl 27</p> <p>City State Zip Code Charlotte NC 28202-5399</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Faison and Associates Occupation: Chairman</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p> | <p>Date of Receipt MM / DD / YYYY 02 / 15 / 2008</p> <p>Transaction ID: 80327.C7338</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) James Falls</p> <p>Mailing Address 5913 Natoma Rd</p> <p>City State Zip Code Clover SC 29710-9111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Choice USA Beverage, Inc. Occupation: Vice President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt MM / DD / YYYY 04 / 16 / 2008</p> <p>Transaction ID: 80423.C7667</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) John Fluharty</p> <p>Mailing Address 1215 19th Street, NW</p> <p>City State Zip Code Washington DC 20036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Chesapeake Enterprises Occupation: Lobbyist</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p> | <p>Date of Receipt MM / DD / YYYY 04 / 16 / 2008</p> <p>Transaction ID: 80423.C7756</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|--|
| 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 49 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerry Fogle
Mailing Address 129 Royal Oaks Ln
City Gastonia State NC Zip Code 28056-8834
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008
Transaction ID: 80327.C7516
Amount of Each Receipt this Period
250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Fortenberry
Mailing Address 1454 Highway 274
City Cherryville State NC Zip Code 28021-9792
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
315.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008
Transaction ID: 80130.C7278
Amount of Each Receipt this Period
50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Fraley
Mailing Address PO Box 99
City Cherryville State NC Zip Code 28021-0099
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern Real Estate Occupation Real Estate
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
678.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008
Transaction ID: 80327.C7518
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Charles Fuller

Mailing Address 1916 Torrey Pines PI

City Raleigh State NC Zip Code 27615-3749

FEC ID number of contributing federal political committee. C

Name of Employer The Results Company, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 80327.C7542

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Jackie Gallagher

Mailing Address 4130 Mooreland Drive

City Charlotte State NC Zip Code 28226

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 80327.C7375

Amount of Each Receipt this Period 1000.00

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

C.

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

Mailing Address 4130 Moorland Dr

City Charlotte State NC Zip Code 28226-1136

FEC ID number of contributing federal political committee. C

Name of Employer Goodwill Publishing Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7337

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 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 51 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Kay Gillespie

Mailing Address 3413 Oakhill Ln

City State Zip Code
Gastonia NC 28056-8015

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2008

Transaction ID: 80327.C7493

Amount of Each Receipt this Period
150.00

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

B.

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

Mailing Address 389 E 89th 31B

City State Zip Code
New York NY 10128-5353

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2008

Transaction ID: 80327.C7356

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Sampson Glassman

Mailing Address 129 West 20th Street Apt. 3-B

City State Zip Code
New York NY 10011-3642

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

Name of Employer AF Management, Inc. Occupation President/Managing Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2008

Transaction ID: 80327.C7357

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 620 Market Street

City State Zip Code
Wilmington NC 28401

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

Name of Employer Occupation
Currin Law Office Lawyer

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: 80423.C7631

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Carolyn Grant

Mailing Address 7712 Umstead Forest Drive

City State Zip Code
Raleigh NC 27612

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

Name of Employer Occupation
Omega Property Group Real Estate

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

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: 80130.C7262

Amount of Each Receipt this Period
500.00

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

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

Mailing Address PO Box 3055
910 Jamestown Road

City State Zip Code
Morganton NC 28680-3055

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

Name of Employer Occupation
John Greene Chrysler Dodge Auto Dealer

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

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

Transaction ID: 80423.C7586

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 53 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Greene
Mailing Address 7611 Woodcrest Dr
City Stanley State NC Zip Code 28164-6837
FEC ID number of contributing federal political committee. **C**
Name of Employer: GPH Automotive Occupation: Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 03 / 20 / 2008
Transaction ID: 80327.C7528
Amount of Each Receipt this Period: 150.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dan Gunter
Mailing Address PO Box 1237
City Gastonia State NC Zip Code 28053-1237
FEC ID number of contributing federal political committee. **C**
Name of Employer: Smith Textile Apron Co., Inc. Occupation: Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 03 / 20 / 2008
Transaction ID: 80327.C7515
Amount of Each Receipt this Period: 1000.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Gut
Mailing Address 7700 Kencot Ct
City Raleigh State NC Zip Code 27615-5452
FEC ID number of contributing federal political committee. **C**
Name of Employer: Ideal Fastener Occupation: Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 02 / 15 / 2008
Transaction ID: 80327.C7348
Amount of Each Receipt this Period: 500.00
Receipt: Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1650.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 202 E Markham Ave.

City State Zip Code
Durham NC 27701

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

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 80327.C7346

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Laura Gutman

Mailing Address 310 Watts St

City State Zip Code
Durham NC 27701-2039

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

Name of Employer Self Employed

Occupation Self Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt

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

Transaction ID: 80327.C7345

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Laura Gutman

Mailing Address 310 Watts St

City State Zip Code
Durham NC 27701-2039

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

Name of Employer Self Employed

Occupation Self Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: 80423.C7709

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Harris
Mailing Address 921 Sharon Dr
City Kings Mountain State NC Zip Code 28086-2735
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Funeral Director
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
1000.00
Date of Receipt 04 / 03 / 2008
Transaction ID: 80423.C7595
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald Haugen
Mailing Address 411 Laforet Dr
City Morganton State NC Zip Code 28655-8094
FEC ID number of contributing federal political committee. **C**
Name of Employer Wachovia Securities Occupation Financial Advisor
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
250.00
Date of Receipt 02 / 25 / 2008
Transaction ID: 80327.C7415
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Maria Haughton
Mailing Address 633 Stillwater Rd
City Troutman State NC Zip Code 28166-8692
FEC ID number of contributing federal political committee. **C**
Name of Employer American Stainless Occupation CFO
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
1000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7721
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 145 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Brian Hearon | Date of Receipt MM / DD / YYYY 04 / 16 / 2008 |
| | Mailing Address 240 21st Avenue Dr NW | Transaction ID: 80423.C7679 |
| | City State Zip Code Hickory NC 28601-1864 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Hickory Cardiology Assoc Physician | |
| Receipt For: 2008 <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) George Henry | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address P.O. Box 1675 | Transaction ID: 80327.C7495 |
| | City State Zip Code Gastonia NC 28053 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Henry Fibers, Inc Textiles | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) George Henry | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address P.O. Box 1675 | Transaction ID: 80327.C7494 |
| | City State Zip Code Gastonia NC 28053 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Henry Fibers, Inc Textiles | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Hicks
Mailing Address 1870 9th Street Dr NW
City Hickory State NC Zip Code 28601-1216
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1700.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7750
Amount of Each Receipt this Period 700.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Hicks
Mailing Address 1870 9th Street Dr NW
City Hickory State NC Zip Code 28601-1216
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7749
Amount of Each Receipt this Period 1300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Beth Hill
Mailing Address 4617 21st Street Ct NE
City Hickory State NC Zip Code 28601-1785
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Medical Transcriptionist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2298.44
Date of Receipt 04 / 11 / 2008
Transaction ID: 80423.C7636
Amount of Each Receipt this Period 240.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2240.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 145 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | | |
|-----------|---|-----------------------|--|
| A. | Full Name (Last, First, Middle Initial) Marie Hogan | | Date of Receipt MM / DD / YYYY 04 / 16 / 2008 |
| | Mailing Address 416 Hibriten Ave SW | | Transaction ID: 80423.C7644 |
| | City Lenoir | State NC | Zip Code 28645-6362 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer None | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|---|------------------------------------|
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 800.00 |
|---|------------------------------------|

| | | | |
|-----------|---|----------------------|--|
| B. | Full Name (Last, First, Middle Initial) Rodney Hoppe | | Date of Receipt MM / DD / YYYY 02 / 20 / 2008 |
| | Mailing Address 6208 N Willow Pond Dr | | Transaction ID: 80327.C7376 |
| | City Fredericksburg | State VA | Zip Code 22407 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Ryan Phillips Utrecht Mac-kinno | Occupation Lawyer | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|---|------------------------------------|
| Receipt For: 2008 <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) F. Bryan Houck | | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| | Mailing Address 929 Ramsgate Dr | | Transaction ID: 80327.C7536 |
| | City Gastonia | State NC | Zip Code 28056-7534 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer None | Occupation Retired | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|---|------------------------------------|
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 |
|---|------------------------------------|

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 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 59 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 3671 Sherwood Cir

City State Zip Code
Gastonia NC 28056-6637

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

Name of Employer American & Ebird, Inc Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7529

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Emile Jacumin

Mailing Address 308 Louise Ave NE

City State Zip Code
Valdese NC 28690-2438

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: 80327.C7413

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Dennis Jones

Mailing Address 182 Brownstone Dr

City State Zip Code
Mooresville NC 28117-3717

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

Name of Employer R-Anell Custom Homes Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7331

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 113 E Grover St

City State Zip Code
Shelby NC 28150-3803

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

Name of Employer Occupation
Self Employed Physician

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

Date of Receipt

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

Transaction ID: 80423.C7615

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Albert Kale

Mailing Address 3969 Deer Run Dr NE

City State Zip Code
Conover NC 28613-9486

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

Name of Employer Occupation
Realty Connection Realtor

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1162.88

Date of Receipt

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

Transaction ID: 80423.C7617

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
W.d. Kerns

Mailing Address 206 Edgemont Dr

City State Zip Code
Kings Mountain NC 28086-2703

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt

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

Transaction ID: 80423.C7616

Amount of Each Receipt this Period

150.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1650.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 204 Merewood Rd

City Belmont State NC Zip Code 28012-3741

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80327.C7503
Amount of Each Receipt this Period 2300.00

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

B.

Full Name (Last, First, Middle Initial)
Willard Kimbrell

Mailing Address 3662 Sherwood Cir

City Gastonia State NC Zip Code 28056-6638

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

Name of Employer Parkdale Mills Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 13 / 2008
Transaction ID: 80327.C7460
Amount of Each Receipt this Period 2000.00

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

C.

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

Mailing Address 708 Hillcrest Ave

City Gastonia State NC Zip Code 28052-5314

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80327.C7501
Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **4550.00**

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 62 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Kupferman

Mailing Address 999 Collins Ave Apt 10-F

City State Zip Code
Miami FL 33139-5009

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

Name of Employer: Global Software, Inc
Occupation: Chairman & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7355

Amount of Each Receipt this Period: 2000.00

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

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

Mailing Address 510 Glenwood Ave Apt 403

City State Zip Code
Raleigh NC 27603-1262

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

Name of Employer: Global Software, Inc
Occupation: Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7349

Amount of Each Receipt this Period: 1500.00

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

C. Full Name (Last, First, Middle Initial)
Lynn Lail

Mailing Address 3619 Links Dr NE

City State Zip Code
Conover NC 28613-9427

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

Name of Employer: Piedmont Designs
Occupation: Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7730

Amount of Each Receipt this Period: 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

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 63 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Landon Lane

Mailing Address 1006 4th Ave Dr Nw

City State Zip Code
Hickory NC 28601-3453

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80423.C7639

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1876 Cedar Dr

City State Zip Code
Lenoir NC 28645-9143

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

Name of Employer Leopard Chemical LLC Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

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

Transaction ID: 80327.C7441

Amount of Each Receipt this Period
675.00

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

C. Full Name (Last, First, Middle Initial)
Frederic Levy

Mailing Address 3628 Augusta Ct

City State Zip Code
Gastonia NC 28056-6648

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

Name of Employer Carolina Ear, Nose & Throat Occupation Physician

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 4 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7496

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1425.00**

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 64 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Craig Lowry
Mailing Address 210 S Willow St
City State Zip Code
Gastonia NC 28054-7116
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Lowry Dentistry Dentist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
MM / DD / YYYY
03 / 14 / 2008
Transaction ID: 80327.C7490
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barry Mannis
Mailing Address 130 Dorchester Rd
City State Zip Code
Scarsdale NY 10583-6051
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
None Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
MM / DD / YYYY
02 / 15 / 2008
Transaction ID: 80327.C7351
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric Margules
Mailing Address 381 Park Avenue South Suite 1420
City State Zip Code
New York NY 10016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Margules Properties, Inc Real Estate
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
MM / DD / YYYY
02 / 15 / 2008
Transaction ID: 80327.C7358
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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: (check only one) | PAGE 65 / 145 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
B Frank Matthews

Mailing Address P.O. Box 3737

City State Zip Code
Gastonia NC 28054

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

Name of Employer: Matthews Management Inc. Occupation: Investment Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: 80327.C7544
Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Gene Matthews

Mailing Address P.O. Box 1709

City State Zip Code
Gastonia NC 28054

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 06 / 2008
Transaction ID: 80327.C7444
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Scott McCloskey

Mailing Address 3838 8th Street PI NW

City State Zip Code
Hickory NC 28601-8088

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

Name of Employer: Catawba Valley Neurosurge-ry Occupation: Neurosurgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 04 / 16 / 2008
Transaction ID: 80423.C7754
Amount of Each Receipt this Period: 150.00

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

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

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 66 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roy McGalliard
Mailing Address 110 Rockview Ln
City Morganton State NC Zip Code 28655-4203
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00
Date of Receipt 01 / 07 / 2008
Transaction ID: 80130.C7267
Amount of Each Receipt this Period 150.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Russell MCGalliard
Mailing Address 2724 Old Johns River Rd
City Collettsville State NC Zip Code 28611-9100
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 06 / 2008
Transaction ID: 80327.C7442
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James McHenry
Mailing Address 1629 Buckingham Ave
City Gastonia State NC Zip Code 28054
FEC ID number of contributing federal political committee. **C**
Name of Employer Dixie Lawn Service, Inc. Occupation Vice President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7654
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2950.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 67 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Louis McKinney
Mailing Address 124 Sheepnose Dr
City Lake Lure State NC Zip Code 28746-8767
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 03 / 06 / 2008
Transaction ID: 80327.C7443
Amount of Each Receipt this Period 600.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
W. Edwin McMahan
Mailing Address 1959 Queens Rd W
City Charlotte State NC Zip Code 28207-2705
FEC ID number of contributing federal political committee. **C**
Name of Employer Little & Associates Architects Occupation Business Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 25 / 2008
Transaction ID: 80327.C7419
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
W. Edwin McMahan
Mailing Address 1959 Queens Rd W
City Charlotte State NC Zip Code 28207-2705
FEC ID number of contributing federal political committee. **C**
Name of Employer Little & Associates Architects Occupation Business Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7752
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2600.00
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 68 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Matthew McTish

Mailing Address 5728 Ricky Ridge Trail

City State Zip Code
Orefield PA 18069

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

Name of Employer
McTish, Kunkel & Associates

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 80327.C7343

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Charles Meakin

Mailing Address 2325 Armstrong Cir

City State Zip Code
Gastonia NC 28054-7214

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

Name of Employer
Caromont

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C7502

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Barbara Mills

Mailing Address 3409 Country Club Dr

City State Zip Code
Gastonia NC 28056-6681

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

Name of Employer
Mills Engineering

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 80327.C7540

Amount of Each Receipt this Period

150.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1400.00

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 69 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Carroll Mitchem

Mailing Address 7868 Hallman Mill Road

City State Zip Code
Vale NC 28168

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

Name of Employer Self Employed Occupation
Farmer

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

Date of Receipt
MM / DD / YYYY
03 / 06 / 2008

Transaction ID: 80327.C7429

Amount of Each Receipt this Period
200.00

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

B.

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

Mailing Address 2316 Peninsula Ave.

City State Zip Code
Shelby NC 28151-2168

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

Name of Employer Self Employed Occupation
Mfg Representative

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

Date of Receipt
MM / DD / YYYY
04 / 03 / 2008

Transaction ID: 80423.C7585

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 2316 Peninsula Ave.

City State Zip Code
Shelby NC 28151-2168

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

Name of Employer Self Employed Occupation
Mfg Representative

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

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 80423.C7627

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 70 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J Ben Morrow

Mailing Address 3639 Raintree Dr

City State Zip Code
Gastonia NC 28056-1625

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 80327.C7492

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

B. Full Name (Last, First, Middle Initial)
Albert Myers

Mailing Address PO Box 1003

City State Zip Code
Gastonia NC 28053-1003

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80327.C7523

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

C. Full Name (Last, First, Middle Initial)
Douglas Nappi

Mailing Address 6007 Grove Dr

City State Zip Code
Alexandria VA 22307-1140

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

Name of Employer Ryan, Phillips, Utrecht, & Mac Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 80423.C7609

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

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

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

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

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

FOR LINE NUMBER: PAGE 71 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 3603 Saint Andrews Lane

City State Zip Code
Gastonia NC 28056

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

Name of Employer Occupation
Parkdale Mills President

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

Date of Receipt
MM / DD / YYYY
03 / 14 / 2008

Transaction ID: 80327.C7511

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 4396 1st Street Dr NW

City State Zip Code
Hickory NC 28601-8185

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

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

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7728

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Nelli

Mailing Address 819 Imperial Dr

City State Zip Code
Gastonia NC 28054-5917

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

Name of Employer Occupation
None Retired

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 80327.C7549

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 72 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 652 Hempstead Pl

City State Zip Code
Charlotte NC 28207-2320

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

Name of Employer Occupation
National Gypsum Co. Chairman & CEO

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

Date of Receipt

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

Transaction ID: 80327.C7334

Amount of Each Receipt this Period

500.00

Receipt

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

B.

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

Mailing Address 813 Robinson Clemmer Rd

City State Zip Code
Dallas NC 28034-8323

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

Name of Employer Occupation
Self Employed Veterinarian

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

Date of Receipt

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

Transaction ID: 80423.C7629

Amount of Each Receipt this Period

500.00

Receipt

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

C.

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

Mailing Address 1660 Dilworth Rd W

City State Zip Code
Charlotte NC 28203-5214

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

Name of Employer Occupation
Southeast Anesthesiology Anesthesiologist

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

Date of Receipt

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

Transaction ID: 80327.C7421

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 1660 Dilworth Rd W

City State Zip Code
Charlotte NC 28203-5214

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

Name of Employer
Southeast Anesthesiology

Occupation
Anesthesiologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80327.C7568

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Jancy Patrick

Mailing Address PO Box 1691

City State Zip Code
Kings Mountain NC 28086-1691

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

Name of Employer
Patrick Yarns

Occupation
Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2008

Transaction ID: 80423.C7656

Amount of Each Receipt this Period

2300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Jancy Patrick

Mailing Address PO Box 1691

City State Zip Code
Kings Mountain NC 28086-1691

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

Name of Employer
Patrick Yarns

Occupation
Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2008

Transaction ID: 80423.C7657

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 450 18th Avenue Ln NW

City State Zip Code
Hickory NC 28601-5200

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

Name of Employer Occupation
Pepsi Bottling Officer

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: 80130.C7261

Amount of Each Receipt this Period

1500.00

Receipt

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

B.

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

Mailing Address 203 Knoxview Ln

City State Zip Code
Mooreville NC 28117-9689

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

Name of Employer Occupation
Shelco, Inc General Contractor

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7658

Amount of Each Receipt this Period

300.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Don Pendleton

Mailing Address PO Box 159

City State Zip Code
Lincolnton NC 28093-0159

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 80327.C7382

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1900.00

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 75 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patrick Phillips

Mailing Address 555 Patrick Phillips Road

City Bakersville State NC Zip Code 28705

FEC ID number of contributing federal political committee. C

Name of Employer Mountain Chevrolet Occupation Auto Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7720

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Martha Plaster

Mailing Address 218 Vauxhall Dr

City Shelby State NC Zip Code 28150-4239

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2008
Transaction ID: 80423.C7618

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Conrad Pogorzelski

Mailing Address 1116 E Franklin Blvd

City Gastonia State NC Zip Code 28054-4244

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Property Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80327.C7488

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 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 76 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Kim Price</p> <p>Mailing Address 3808 Emerald Ln</p> <p>City State Zip Code Gastonia NC 28056-8831</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Citizens South Occupation: President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2008</p> <p>Transaction ID: 80327.C7481</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Danny Putman</p> <p>Mailing Address 3319 Su San Farms Rd</p> <p>City State Zip Code Gastonia NC 28056-1660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Dixie Lawn Service, Inc. Occupation: President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2008</p> <p>Transaction ID: 80327.C7541</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Edna Quigley</p> <p>Mailing Address 528 Mountain View St SW</p> <p>City State Zip Code Lenoir NC 28645-5634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Information Requested Occupation: Information Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 225.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2008</p> <p>Transaction ID: 80327.C7461</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 1850.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 77 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Rankin
Mailing Address 811 Ashebrook Park Rd
City State Zip Code
Dallas NC 28034-8756
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 20 / 2008
Transaction ID: 80327.C7555
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nancy Rankin
Mailing Address 811 Ashebrook Park Rd
City State Zip Code
Dallas NC 28034-8756
FEC ID number of contributing federal political committee. C
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 03 / 20 / 2008
Transaction ID: 80327.C7556
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael Reott
Mailing Address 119 Robinhood Ln
City State Zip Code
Lincolnton NC 28092-7144
FEC ID number of contributing federal political committee. C
Name of Employer The American Legion Dept Of Nc Occupation Department Commander
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 02 / 25 / 2008
Transaction ID: 80327.C7416
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4850.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Reynolds

Mailing Address 209 Deer Chase Rd

City State Zip Code
Shelby NC 28150-9362

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Radiologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: 80130.C7264

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 1367 Nc 108 Hwy

City State Zip Code
Rutherfordton NC 28139-7325

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

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

Transaction ID: 80327.C7559

Amount of Each Receipt this Period 2300.00

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

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

Mailing Address 1367 Nc 108 Hwy

City State Zip Code
Rutherfordton NC 28139-7325

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Orthopedic Surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: 80327.C7558

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 4850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ralph Robinson

Mailing Address 2633 Sheffield Dr

City State Zip Code
Gastonia NC 28054-7266

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

Name of Employer: Robinson Mills, Inc. Occupation: Investment executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2008
Transaction ID: 80327.C7510
Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Rachel Rosan

Mailing Address 301 E 78th Street Apt. 10B

City State Zip Code
New York NY 10021-1329

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

Name of Employer: Signature Fencing & Flooring Occupation: Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 15 / 2008
Transaction ID: 80327.C7353
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
D Edwin Rose

Mailing Address 8516 Green Castle Dr

City State Zip Code
Charlotte NC 28210-4205

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

Name of Employer: Shelco, Inc Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 02 / 15 / 2008
Transaction ID: 80327.C7333
Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 80 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address PO Box 2128

City State Zip Code
Hickory NC 28603-2128

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CR Laine Furniture Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2008

Transaction ID: 80423.C7688

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Ben Rudisill

Mailing Address 1006 Dornoch Rd

City State Zip Code
Gastonia NC 28054-6435

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Rudisill Enterprises, Inc. Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: 80327.C7491

Amount of Each Receipt this Period
500.00

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

C.

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

Mailing Address 155 W 68th St Apt 2015

City State Zip Code
New York NY 10023-5832

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
New Jersey Medical School Neurosurgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2008

Transaction ID: 80327.C7374

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Seegers
Mailing Address PO Box 490
City Newland State NC Zip Code 28657-0490
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008
Transaction ID: 80327.C7327
Amount of Each Receipt this Period
100.00

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

Name of Employer Self Employed Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2800.00

B. Full Name (Last, First, Middle Initial)
Jerry Sellers
Mailing Address 8149 Deep Water Lane
City Denver State NC Zip Code 28037
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008
Transaction ID: 80327.C7381
Amount of Each Receipt this Period
100.00

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

Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

C. Full Name (Last, First, Middle Initial)
Sunny Severance
Mailing Address 410 Rogers Ct
City Belmont State NC Zip Code 28012-2938
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008
Transaction ID: 80327.C7514
Amount of Each Receipt this Period
250.00

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

Name of Employer Presbyterian Hospital Occupation Nurse
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wayne Shovelin

Mailing Address 3505 Country Club Dr

City State Zip Code
Gastonia NC 28056-6664

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

Name of Employer Gaston Memorial Hospital Occupation Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 80327.C7519

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1200 Audubon Dr

City State Zip Code
Gastonia NC 28054-6424

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

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2008

Transaction ID: 80423.C7757

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2624 Portland Ave.

City State Zip Code
Charlotte NC 28207

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

Name of Employer EquiFirst Corp. Occupation Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2008

Transaction ID: 80327.C7378

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 83 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Smith
 Mailing Address 420 Drummond Drive
 City Raleigh State NC Zip Code 27609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kane Realty Corporation Occupation Real Estate
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 02 / 25 / 2008
Transaction ID: 80327.C7409
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Snipes
 Mailing Address 150 17th Ave NW
 City Hickory State NC Zip Code 28601-1813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bank Of Granite Occupation Banking
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C7681
 Amount of Each Receipt this Period 200.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Hannah Sobel
 Mailing Address 230 South Canyon Circle
 City Palm Springs State CA Zip Code 92264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Housewife
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 02 / 15 / 2008
Transaction ID: 80327.C7354
 Amount of Each Receipt this Period 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1700.00
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 84 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederick Spach

Mailing Address 2317 Maria Lynn Ct

City State Zip Code
Gastonia NC 28056-7541

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

Name of Employer Occupation
Carolina Brush Mfg Co, Inc President

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 80327.C7532

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 2000 Rhyne Carter Road

City State Zip Code
Gastonia NC 28054

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

Name of Employer Occupation
Ultra President

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

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7329

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Michelle Stewart

Mailing Address 2000 Rhyne Carter Road

City State Zip Code
Gastonia NC 28054

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

Name of Employer Occupation
Housewife Housewife

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

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: 80327.C7330

Amount of Each Receipt this Period
2300.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 85 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
D. Harding Stowe

Mailing Address **PO Box 546**

City **Belmont** State **NC** Zip Code **28012-0546**

FEC ID number of contributing federal political committee. C

Name of Employer **RI Stowe Mills, Inc** Occupation **Executive**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 14 / 2008

Transaction ID: 80327.C7489

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Larry Summer

Mailing Address **300 W. Main Street**

City **Cherryville** State **NC** Zip Code **28021**

FEC ID number of contributing federal political committee. C

Name of Employer **Progressive Builders** Occupation **Owner**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 80423.C7613

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address **944 18th Avenue Dr NW**

City **Hickory** State **NC** Zip Code **28601-1262**

FEC ID number of contributing federal political committee. C

Name of Employer **Shook & Tarlton** Occupation **Developer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7646

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) 3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 944 18th Avenue Dr NW

City State Zip Code
Hickory NC 28601-1262

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Shook & Tarlton Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 0 | 8 |

Transaction ID: 80423.C7647

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 6762 Big Sky Ln

City State Zip Code
Hickory NC 28602-8505

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pepsi Bottling Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Transaction ID: 80327.C7561

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Natalie Tindol

Mailing Address 8260 Catawba Cove Dr

City State Zip Code
Belmont NC 28012-6707

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Earl Tindol Ford General Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: 80423.C7614

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles Trefzger
Mailing Address PO Box 2568

City State Zip Code
Hickory NC 28603-2568

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

Name of Employer Occupation
Self Employed Attorney

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7684

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Phillip Walker
Mailing Address 3967 2nd Street Dr NW

City State Zip Code
Hickory NC 28601-8092

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

Name of Employer Occupation
BB&T Banker

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C7682

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Willa Ward
Mailing Address 11827 HWy 226-S

City State Zip Code
Spruce Pine NC 28777

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

Name of Employer Occupation
None Retired

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

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 80327.C7563

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 2033 Taylor Drive

City State Zip Code
Gastonia NC 28052-0043

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

Name of Employer Occupation
Watco of Gastonia, Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 80423.C7583

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Watson

Mailing Address PO Box 879

City State Zip Code
Gastonia NC 28053-0879

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

Name of Employer Occupation
Watson Insurance Agency Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: 80327.C7500

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 1302 Briarcliff Rd

City State Zip Code
Shelby NC 28152-6312

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 80423.C7596

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 89 / 145

(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bram Weber

Mailing Address 201 N Service Rd Ste 300
Suite 300

City State Zip Code
Melville NY 11747-3126

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

Name of Employer
Weber Law Group

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 80327.C7341

Amount of Each Receipt this Period

500.00

Receipt

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

B.

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

Mailing Address 72 Barrow Street
Apt. 2T

City State Zip Code
New York NY 10014

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

Name of Employer
Ark Restaurant

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 80327.C7352

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Ed Weisiger

Mailing Address PO Box 1095

City State Zip Code
Charlotte NC 28201

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

Name of Employer
Carolina Tractor

Occupation
Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 80327.C7339

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

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 90 / 145
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Williams

Mailing Address 480 17th Ave NW

City State Zip Code
Hickory NC 28601-1819

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7680

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 209 8th St NE

City State Zip Code
Conover NC 28613-1650

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

Name of Employer Information Requested Occupation Information Requested
Williams Law Farm Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7733

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 411 Tremont Circle, SE

City State Zip Code
Lenoir NC 28645

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

Name of Employer Information Requested Occupation Information Requested
None Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 80327.C7473

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 91 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 812 Scotty Ct

City State Zip Code
Cramerton NC 28032-1656

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

Name of Employer Smith-nephew, Inc Occupation Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80327.C7550

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Steven Yates

Mailing Address 215 W 10th Avenue

City State Zip Code
Gastonia NC 28052

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

Name of Employer Gaston Hematology & Oncology Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C7655

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 144545.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Advantage, Inc

Transaction ID: 80423.E2460
Date of Disbursement

Mailing Address 1611 N. Kent Street
Suite 905

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 4 | | 2 | 0 | 0 | 8 |

City Arlington State VA Zip Code 22209-

Amount of Each Disbursement this Period

| |
|-------|
| 68.82 |
|-------|

Purpose of Disbursement
Automated Call Service
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

AUTOMATED CALL SERVICE

B.

Full Name (Last, First, Middle Initial)
Advantage, Inc

Transaction ID: 80423.E2461
Date of Disbursement

Mailing Address 1611 N. Kent Street
Suite 905

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City Arlington State VA Zip Code 22209-

Amount of Each Disbursement this Period

| |
|-------|
| 71.04 |
|-------|

Purpose of Disbursement
Automated Call Service
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

AUTOMATED CALL SERVICE

C.

Full Name (Last, First, Middle Initial)
Advantage, Inc

Transaction ID: 80423.E2462
Date of Disbursement

Mailing Address 1611 N. Kent Street
Suite 905

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City Arlington State VA Zip Code 22209-

Amount of Each Disbursement this Period

| |
|--------|
| 150.00 |
|--------|

Purpose of Disbursement
Automated Call Service
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

AUTOMATED CALL SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 289.86 |
|--------|

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

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Bonus Compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2493 Date of Disbursement <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>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| 0 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td>1075.20</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BONUS COMPENSATION | 1075.20 | | | | | | | | | | | | | | | | | | | | |
| 1075.20 | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2492 Date of Disbursement <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>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| 0 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td>2005.29</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION | 2005.29 | | | | | | | | | | | | | | | | | | | | |
| 2005.29 | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2494 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | |
| 0 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| Amount of Each Disbursement this Period <table border="1"> <tr> <td>2005.29</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION | 2005.29 | | | | | | | | | | | | | | | | | | | | |
| 2005.29 | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

5085.78

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Travel Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2497 Date of Disbursement 02 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 106.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL REIMBURSEMENT |
| B. | Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2495 Date of Disbursement 03 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 2005.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION |
| C. | Full Name (Last, First, Middle Initial) Frances Lee Bogle <hr/> Mailing Address 554 1st St NW <hr/> City Hickory State NC Zip Code 28601- <hr/> Purpose of Disbursement Monthly Compensation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2496 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 2005.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4116.89 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Transaction ID: 80423.E2463
Date of Disbursement

Mailing Address PO Box 9001

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 4 | | 2 | 0 | 0 | 8 |

City State Zip Code
Hickory NC 28603-9001

Amount of Each Disbursement this Period

| |
|---------|
| 2375.88 |
|---------|

Purpose of Disbursement
Printing

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING

State: District:

B.

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

Transaction ID: 80423.E2464
Date of Disbursement

Mailing Address PO Box 9001

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City State Zip Code
Hickory NC 28603-9001

Amount of Each Disbursement this Period

| |
|--------|
| 710.73 |
|--------|

Purpose of Disbursement
Printing

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING

State: District:

C.

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

Transaction ID: 80423.E2469
Date of Disbursement

Mailing Address Po Box 15650

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 7 | | 2 | 0 | 0 | 8 |

City State Zip Code
Wilmington DE 19886-

Amount of Each Disbursement this Period

| |
|---------|
| 4814.70 |
|---------|

Purpose of Disbursement
Credit Card: See Below

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CREDIT CARD: SEE BELOW

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 7901.31 |
|---------|

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Barbuto Mailing Address 775 Washington St City New York State NY Zip Code 10014- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2571 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 221.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP- ENSE |
| B. | Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2575 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 77.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE |
| C. | Full Name (Last, First, Middle Initial) Hertz-Raleigh Mailing Address 7601 Glenwood Ave City Raleigh State NC Zip Code 27612- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2578 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 406.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Jackson Place Gift Shop Mailing Address 740 Jackson Place NW City Washington State DC Zip Code 20006- Purpose of Disbursement Appreciation Souvenirs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2579 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 467.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: APPRECIATION SOUVEN- IRS |
| B. | Full Name (Last, First, Middle Initial) Office Max Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2580 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 55.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| C. | Full Name (Last, First, Middle Initial) Public Storage (formerly Shurgard) Mailing Address 1970 Tate Blvd City Hickory State NC Zip Code 28602- Purpose of Disbursement Storage Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2583 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 252.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE FEE |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sonoma Restaurant

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20500-

Purpose of Disbursement Food & Beverage Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80424.E2586
Date of Disbursement 01 / 07 / 2008

Amount of Each Disbursement this Period 39.60

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

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

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

Mailing Address 231 Government Ave SW

City Hickory State NC Zip Code 28602-2955

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80424.E2587
Date of Disbursement 01 / 07 / 2008

Amount of Each Disbursement this Period 1632.78

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

[MEMO ITEM]
MEMO: POSTAGE

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

Mailing Address Po Box 15650

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement Credit Card: See Below

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E2470
Date of Disbursement 02 / 10 / 2008

Amount of Each Disbursement this Period 6688.51

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶ **6688.51**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Aristotle International, Inc Mailing Address 205 Pennsylvania Ave Se City Washington State DC Zip Code 20003- Purpose of Disbursement Computer Support Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2590 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMPUTER SUPPORT FEE |
| B. | Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First St Se City Washington State DC Zip Code 20003- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2573 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 345.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP- ENSE |
| C. | Full Name (Last, First, Middle Initial) Charlotte Chamber of Commerce Mailing Address PO Box 32785 City Charlotte State NC Zip Code 28232- Purpose of Disbursement Membership Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2591 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEMBERSHIP FEES |

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)

PAGE 100 / 145

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Chens Restaurant Mailing Address 209 W Dixon Blvd City Shelby State NC Zip Code 28152- Purpose of Disbursement Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2592 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 228.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP- ENSE |
| B. | Full Name (Last, First, Middle Initial) City Club of Gastonia Mailing Address 832 S New Hope Rd City Gastonia State NC Zip Code 28054- Purpose of Disbursement Event Food & Beverage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2593 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT FOOD & BEVERA- GE EXPENSE |
| C. | Full Name (Last, First, Middle Initial) Congressional Institute Mailing Address 404 Wythe St #103 City Alexandria State VA Zip Code 22314- Purpose of Disbursement Conference Retreat Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2596 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 1189.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CONFERENCE RETREAT |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 145

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Fed Ex Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement Overnight Delivery Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2576 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 107.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE |
| B. | Full Name (Last, First, Middle Initial) Home Of the Perfect Christmas Tree Mailing Address 262 Oak Ave City Spruce Pine State NC Zip Code 28777- Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2595 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 133.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS |
| C. | Full Name (Last, First, Middle Initial) Office Max Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2582 Date of Disbursement 02 / 10 / 2008 Amount of Each Disbursement this Period 157.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 1970 Tate Blvd

City State Zip Code
Hickory NC 28602-

Purpose of Disbursement

Storage Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2584

Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

126.45

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

[MEMO ITEM]

MEMO: STORAGE FEE

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

Mailing Address 111 West Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2597

Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

854.34

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

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

Mailing Address 231 Government Ave SW

City State Zip Code
Hickory NC 28602-2955

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2588

Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

708.00

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

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address Po Box 105378

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement
Mobile Phone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2599
Date of Disbursement

02 / 10 / 2008

Amount of Each Disbursement this Period

278.36

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

[MEMO ITEM]

MEMO: MOBILE PHONE EXPENSE

B.

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

Mailing Address Po Box 15650

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2471
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

13121.02

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

CREDIT CARD: SEE BELOW

C.

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

Mailing Address 300 First St Se

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2574
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

910.03

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-ENSE

SUBTOTAL of Disbursements This Page (optional) ▶

13121.02

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
City Club of Gastonia

Mailing Address 832 S New Hope Rd

City State Zip Code
Gastonia NC 28054-

Purpose of Disbursement
Event Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2594

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

2994.41

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

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERA-
GE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Court St Grille

Mailing Address 113 Court Sq

City State Zip Code
Lincolnton NC 28092-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2609

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

240.18

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-
ENSE

C.

Full Name (Last, First, Middle Initial)
Doubletree Metropolitan NY

Mailing Address 569 Lexington Ave

City State Zip Code
New York NY 10022-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2605

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

652.64

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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 105 / 145

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Fed Ex | Transaction ID: 80424.E2577 Date of Disbursement 03 / 10 / 2008 |
| | Mailing Address 1555 Rankin Lake Rd | Amount of Each Disbursement this Period 88.19 |
| | City Gastonia State NC Zip Code 28052- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Overnight Delivery Fee | [MEMO ITEM] MEMO: OVERNIGHT DELIVERY FEE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Harris Teeter | Transaction ID: 80424.E2606 Date of Disbursement 03 / 10 / 2008 |
| | Mailing Address 3010 N Center St | Amount of Each Disbursement this Period 22.44 |
| | City Hickory State NC Zip Code 28601- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Food & Beverage Expense | [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Holiday Inn Select | Transaction ID: 80424.E2607 Date of Disbursement 03 / 10 / 2008 |
| | Mailing Address 1385 Lenoir-Rhyne Blvd Se | Amount of Each Disbursement this Period 5706.78 |
| | City Hickory State NC Zip Code 28602- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Event Food & Beverage Expense | [MEMO ITEM] MEMO: EVENT FOOD & BEVERA-GE EXPENSE |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address 400 N Capitol St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Event Food & Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2608
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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

[MEMO ITEM]

MEMO: EVENT FOOD & BEVERA-
GE

B.

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

Mailing Address 1718 Hwy 70 SE

City Hickory State NC Zip Code 28602-

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2581
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 217.94 |
|--------|

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

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

Mailing Address 1970 Tate Blvd

City Hickory State NC Zip Code 28602-

Purpose of Disbursement
Lock

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2585
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.69 |
|-------|

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

[MEMO ITEM]

MEMO: LOCK

SUBTOTAL of Disbursements This Page (optional) ►

| |
|------|
| 0.00 |
|------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) US Airways, Inc <hr/> Mailing Address 111 West Rio Salado Pkwy <hr/> City Tempe State AZ Zip Code 85281- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2598 Date of Disbursement 03 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 277.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |
| B. | Full Name (Last, First, Middle Initial) US Postal Service <hr/> Mailing Address 231 Government Ave SW <hr/> City Hickory State NC Zip Code 28602-2955 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2589 Date of Disbursement 03 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 299.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| C. | Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address PO Box 66100 <hr/> City Elk Grove Village State IL Zip Code 60007- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2604 Date of Disbursement 03 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 830.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address Po Box 105378

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement
Mobile Phone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2600
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

268.25

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

[MEMO ITEM]

MEMO: MOBILE PHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Westin Hotel

Mailing Address 601 S College St

City Charlotte State NC Zip Code 28202-

Purpose of Disbursement
Refund for Facility Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2603
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

-500.00

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

[MEMO ITEM]

MEMO: REFUND FOR FACILITY RENTAL

C.

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

Mailing Address Po Box 15650

City Wilmington State DE Zip Code 19886-

Purpose of Disbursement
Service Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2472
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

202.00

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

SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶

202.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Cherryville Chamber Of Commerce Mailing Address Po Box 305 City Cherryville State NC Zip Code 28021- Purpose of Disbursement Membership Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2473 Date of Disbursement 01 / 28 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP FEE |
| B. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC Mailing Address 2525 Horizon Lake Dr Ste #120 City Memphis State TN Zip Code 38133- Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2449 Date of Disbursement 01 / 03 / 2008 Amount of Each Disbursement this Period 1.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE |
| C. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC Mailing Address 2525 Horizon Lake Dr Ste #120 City Memphis State TN Zip Code 38133- Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2447 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 135.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 187.29 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2451 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 201.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE |
| B. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2452 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 19.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE |
| C. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2453 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 231.76 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC | Transaction ID: 80423.E2450 Date of Disbursement 04 / 02 / 2008 |
| | Mailing Address 2525 Horizon Lake Dr Ste #120 | Amount of Each Disbursement this Period 0.76 |
| | City Memphis State TN Zip Code 38133- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD PROCESSING FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC | Transaction ID: 80423.E2448 Date of Disbursement 04 / 07 / 2008 |
| | Mailing Address 2525 Horizon Lake Dr Ste #120 | Amount of Each Disbursement this Period 14.75 |
| | City Memphis State TN Zip Code 38133- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD PROCESSING FEE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CTS Holdings, LLC | Transaction ID: 80423.E2454 Date of Disbursement 04 / 08 / 2008 |
| | Mailing Address 2525 Horizon Lake Dr Ste #120 | Amount of Each Disbursement this Period 376.76 |
| | City Memphis State TN Zip Code 38133- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card Processing Fee | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD PROCESSING FEE |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 392.27 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) David L Andrukitus, Inc Printing Mailing Address 50 E Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2474 Date of Disbursement 01 / 28 / 2008 Amount of Each Disbursement this Period 2500.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING |
| B. | Full Name (Last, First, Middle Initial) Direct Response Group Mailing Address 2401 W Behrend Dr, Ste 7 City Phoenix State AZ Zip Code 85027- Purpose of Disbursement Mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2475 Date of Disbursement 03 / 11 / 2008 Amount of Each Disbursement this Period 6340.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAILERS |
| C. | Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) Mailing Address PO Box 105703 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2476 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 799.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9640.98 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | | |
|-----------|--|--|---|
| A. | Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) | Transaction ID: 80423.E2477 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 | |
| | Mailing Address PO Box 105703 | | Amount of Each Disbursement this Period 863.87 |
| | City Atlanta State GA Zip Code 30348- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Taxes | <input type="checkbox"/> | PAYROLL TAXES |
| | Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) | Transaction ID: 80423.E2478 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 | |
| | Mailing Address PO Box 105703 | | Amount of Each Disbursement this Period 213.00 |
| | City Atlanta State GA Zip Code 30348- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Taxes | <input type="checkbox"/> | PAYROLL TAXES |
| | Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) | Transaction ID: 80423.E2479 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 | |
| | Mailing Address PO Box 105703 | | Amount of Each Disbursement this Period 568.96 |
| | City Atlanta State GA Zip Code 30348- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Taxes | <input type="checkbox"/> | PAYROLL TAXES |
| | Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1645.83 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EFTPS (Internal Revenue Service)

Mailing Address PO Box 105703

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2480

Date of Disbursement

03 / 01 / 2008

Amount of Each Disbursement this Period

1311.43

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

PAYROLL TAXES

B. Full Name (Last, First, Middle Initial)
EFTPS (Internal Revenue Service)

Mailing Address PO Box 105703

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2481

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1347.28

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

PAYROLL TAXES

C. Full Name (Last, First, Middle Initial)
Embarq

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2482

Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

254.74

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

TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

2913.45

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Embarq

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2483
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TELEPHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Embarq

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2484
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TELEPHONE EXPENSE

C.

Full Name (Last, First, Middle Initial)
Embarq

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296-0064

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2485
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TELEPHONE EXPENSE

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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

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

Mailing Address PO Box 168

City State Zip Code
Shelby NC 28151-

Purpose of Disbursement
Loan Interest Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2491
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

1652.27

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

LOAN INTEREST PAYMENT

B.

Full Name (Last, First, Middle Initial)
Gaston County Republican Party

Mailing Address 312 W Third Ave

City State Zip Code
Gastonia NC 28052-

Purpose of Disbursement
Lincoln Day Dinner

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2500
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

400.00

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

LINCOLN DAY DINNER

C.

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

Mailing Address PO Box 28081

City State Zip Code
Raleigh NC 27611-

Purpose of Disbursement
Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2501
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

5742.15

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

FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

7794.42

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)
MCHENRY FOR CONGRESS

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

Mailing Address PO Box 28081

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement

Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2502

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

1220.00

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

FUNDRAISING

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

Mailing Address PO Box 28081

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement

Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2503

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

3591.52

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

FUNDRAISING

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

Mailing Address PO Box 28081

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement

Fundraising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2504

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

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

FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

6811.52

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Iredell County Republican Party

Mailing Address PO Box 292

City Troutman State NC Zip Code 28166-

Purpose of Disbursement
Reagan Day Dinner

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2505
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

500.00

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

REAGAN DAY DINNER

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

Mailing Address 1100 Requa Rd

City Cherryville State NC Zip Code 28021-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2521
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

972.70

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

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
Buca Di Beppo

Mailing Address 1825 Connecticut Ave NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
Food & Beverage Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80424.E2567
Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

956.00

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

[MEMO ITEM]
MEMO: FOOD & BEVERAGE EXP-ENSE

SUBTOTAL of Disbursements This Page (optional) ►

1472.70

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Patrick Timothy McHenry Mailing Address 1100 Requa Rd City Cherryville State NC Zip Code 28021- Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2522 Date of Disbursement 04 / 07 / 2008 Amount of Each Disbursement this Period 70.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL REIMBURSEMENT |
| B. | Full Name (Last, First, Middle Initial) MDI Imaging & Mail Mailing Address 21721-A Filigree Court City Ashburn State VA Zip Code 20147- Purpose of Disbursement Mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2512 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 306.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAILERS |
| C. | Full Name (Last, First, Middle Initial) Laurie Moody Mailing Address 116 Wilson Dr City Morganton State NC Zip Code 28655-4530 Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2507 Date of Disbursement 01 / 28 / 2008 Amount of Each Disbursement this Period 530.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 907.41 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) NC Dept. of Revenue</p> <p>Mailing Address PO Box 25000</p> <p>City Raleigh State NC Zip Code 27640-0615</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2516 Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 187.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>B. Full Name (Last, First, Middle Initial) NC Dept. of Revenue</p> <p>Mailing Address PO Box 25000</p> <p>City Raleigh State NC Zip Code 27640-0615</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2517 Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 216.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>C. Full Name (Last, First, Middle Initial) NC Dept. of Revenue</p> <p>Mailing Address PO Box 25000</p> <p>City Raleigh State NC Zip Code 27640-0615</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2518 Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 137.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 540.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NC Dept. of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2519

Date of Disbursement

03 / 01 / 2008

Amount of Each Disbursement this Period

292.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
NC Dept. of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2520

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

301.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)
NC State Board of Elections

Mailing Address PO Box 27255

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Filing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E2513

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

1652.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FILING FEE

SUBTOTAL of Disbursements This Page (optional)

2245.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Employment Security Commission of NC <hr/> Mailing Address PO Box 25903 <hr/> City Raleigh State NC Zip Code 27611- <hr/> Purpose of Disbursement Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2486 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 103.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNEMPLOYMENT TAX |
| B. | Full Name (Last, First, Middle Initial) Employment Security Commission of NC <hr/> Mailing Address PO Box 25903 <hr/> City Raleigh State NC Zip Code 27611- <hr/> Purpose of Disbursement Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2487 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 119.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNEMPLOYMENT TAX |
| C. | Full Name (Last, First, Middle Initial) Employment Security Commission of NC <hr/> Mailing Address PO Box 25903 <hr/> City Raleigh State NC Zip Code 27611- <hr/> Purpose of Disbursement Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2488 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 69.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNEMPLOYMENT TAX |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 291.60 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Employment Security Commission of NC <hr/> Mailing Address PO Box 25903 <hr/> City Raleigh State NC Zip Code 27611- <hr/> Purpose of Disbursement Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2489 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 145.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNEMPLOYMENT TAX |
| B. | Full Name (Last, First, Middle Initial) Employment Security Commission of NC <hr/> Mailing Address PO Box 25903 <hr/> City Raleigh State NC Zip Code 27611- <hr/> Purpose of Disbursement Unemployment Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2490 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 149.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNEMPLOYMENT TAX |
| C. | Full Name (Last, First, Middle Initial) Premier Mail Company <hr/> Mailing Address PO Box 27048 <hr/> City Raleigh State NC Zip Code 27611-7048 <hr/> Purpose of Disbursement Mail Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2523 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAIL SERVICE |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1295.28 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Premier Mail Company

Mailing Address PO Box 27048

City Raleigh State NC Zip Code 27611-7048

Purpose of Disbursement
Mail Service
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2524
Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MAIL SERVICE

B.

Full Name (Last, First, Middle Initial)
Prism Property Management

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement
Office Rent
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2525
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

870.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE RENT

C.

Full Name (Last, First, Middle Initial)
Prism Property Management

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement
Office Rent
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2526
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

870.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶

2740.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Prism Property Management Mailing Address Po Box 729 City Hickory State NC Zip Code 28603- Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2527 Date of Disbursement 02 / 07 / 2008 Amount of Each Disbursement this Period 29.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT |
| B. | Full Name (Last, First, Middle Initial) Prism Property Management Mailing Address Po Box 729 City Hickory State NC Zip Code 28603- Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2528 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 870.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT |
| C. | Full Name (Last, First, Middle Initial) Prism Property Management Mailing Address Po Box 729 City Hickory State NC Zip Code 28603- Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2529 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 870.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1769.75 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Public Storage (formerly Shurgard) | Transaction ID: 80423.E2530 Date of Disbursement |
| | Mailing Address 1970 Tate Blvd | <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Hickory State NC Zip Code 28602- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Storage Fee | <input type="text" value="111.00"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | STORAGE FEE |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Qwest | Transaction ID: 80423.E2531 Date of Disbursement |
| | Mailing Address PO Box 2489 | <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Omaha State NE Zip Code 68103-2489 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Teleconference Expense | <input type="text" value="17.22"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELECONFERENCE EXPENSE |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Qwest | Transaction ID: 80423.E2532 Date of Disbursement |
| | Mailing Address PO Box 2489 | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City Omaha State NE Zip Code 68103-2489 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Teleconference Expense | <input type="text" value="64.07"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELECONFERENCE EXPENSE |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="192.29"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address PO Box 2489

City Omaha State NE Zip Code 68103-2489

Purpose of Disbursement
Teleconference Expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2533
Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

92.46

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELECONFERENCE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Catherine Rains

Mailing Address 1319 Park Lane

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement
Monthly Compensation

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2465
Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

2335.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MONTHLY COMPENSATION

C.

Full Name (Last, First, Middle Initial)
Catherine Rains

Mailing Address 1319 Park Lane

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement
Monthly Compensation

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E2466
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

1685.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

MONTHLY COMPENSATION

SUBTOTAL of Disbursements This Page (optional) ▶

4112.46

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)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Catherine Rains Mailing Address 1319 Park Lane City Gastonia State NC Zip Code 28052- Purpose of Disbursement Monthly Compensation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2467 Date of Disbursement 03 / 01 / 2008 Amount of Each Disbursement this Period 1635.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION |
| B. | Full Name (Last, First, Middle Initial) Catherine Rains Mailing Address 1319 Park Lane City Gastonia State NC Zip Code 28052- Purpose of Disbursement Monthly Compensation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2468 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 1635.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION |
| C. | Full Name (Last, First, Middle Initial) Revolution Media Group Mailing Address 1090 Vermont Ae NW Ste 230 City Washington State DC Zip Code 20005- Purpose of Disbursement Planning & Development Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2538 Date of Disbursement 01 / 04 / 2008 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 PLANNING & DEVELOPMENT FEE |

SUBTOTAL of Disbursements This Page (optional) ▶

7270.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Revolution Media Group <hr/> Mailing Address 1090 Vermont Ae NW Ste 230 <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Planning & Development Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2539 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PLANNING & DEVELOPMENT FEE |
| B. | Full Name (Last, First, Middle Initial) Revolution Media Group <hr/> Mailing Address 1090 Vermont Ae NW Ste 230 <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Planning & Development Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PLANNING & DEVELOPMENT FEE |
| C. | Full Name (Last, First, Middle Initial) Jonathan Romito <hr/> Mailing Address Room B71, Cannon House Office Bldg <hr/> City Washington State DC Zip Code 20515-6065 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2506 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEALS |

SUBTOTAL of Disbursements This Page (optional) ▶

4075.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 219100</p> <p>City Kansas City State MO Zip Code 64121-9100</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2542</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="11"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.51"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE EXPENSE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 219100</p> <p>City Kansas City State MO Zip Code 64121-9100</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2543</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="07"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE EXPENSE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Tel Opinion Research</p> <p>Mailing Address 19 North 6th Street</p> <p>City Warrenton State VA Zip Code 20186-</p> <p>Purpose of Disbursement Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E2544</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="22"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6800.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SURVEY</p> |

| | |
|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="7006.88"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) The Oorbeek Group | Transaction ID: 80423.E2545 Date of Disbursement 01 / 04 / 2008 |
| | Mailing Address 5903 Woodfield Estates Dr | Amount of Each Disbursement this Period 381.79 |
| | City Alexandria State VA Zip Code 22310- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Reimbursement: See Below | REIMBURSEMENT: SEE BELOW |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) United Airlines | Transaction ID: 80423.E2546 Date of Disbursement 01 / 04 / 2008 |
| | Mailing Address PO Box 66100 | Amount of Each Disbursement this Period 381.79 |
| | City Elk Grove Village State IL Zip Code 60007- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel Expense | [MEMO ITEM] MEMO: TRAVEL EXPENSE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) The Oorbeek Group | Transaction ID: 80423.E2547 Date of Disbursement 01 / 04 / 2008 |
| | Mailing Address 5903 Woodfield Estates Dr | Amount of Each Disbursement this Period 2500.00 |
| | City Alexandria State VA Zip Code 22310- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fundraising | FUNDRAISING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2881.79 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Oorbeek Group

Transaction ID: 80423.E2548
Date of Disbursement

Mailing Address 5903 Woodfield Estates Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22310-

Amount of Each Disbursement this Period

| |
|---------|
| 2975.00 |
|---------|

Purpose of Disbursement

Fundraising

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING

State: District:

B.

Full Name (Last, First, Middle Initial)
The Oorbeek Group

Transaction ID: 80423.E2549
Date of Disbursement

Mailing Address 5903 Woodfield Estates Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 1 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22310-

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

Fundraising

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING

State: District:

C.

Full Name (Last, First, Middle Initial)
The Oorbeek Group

Transaction ID: 80423.E2550
Date of Disbursement

Mailing Address 5903 Woodfield Estates Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22310-

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement

Fundraising

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 7975.00 |
|---------|

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 133 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Stewart Group

Mailing Address Po Box 26508

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Planning & Development Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E2551

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PLANNING & DEVELOPMENT FEE

B.

Full Name (Last, First, Middle Initial)
The Stewart Group

Mailing Address Po Box 26508

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
Planning & Development Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E2552

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PLANNING & DEVELOPMENT FEE

C.

Full Name (Last, First, Middle Initial)
The Stewart Group

Mailing Address Po Box 26508

City Raleigh State NC Zip Code 27611-

Purpose of Disbursement
List Procurement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E2553

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 1818.65 |
|---------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LIST PROCUREMENT

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 13818.65 |
|----------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 134 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) The Stewart Group | Transaction ID: 80423.E2554 Date of Disbursement 02 / 07 / 2008 |
| | Mailing Address Po Box 26508 | Amount of Each Disbursement this Period 6000.00 |
| | City Raleigh State NC Zip Code 27611- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Planning & Development Fee | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PLANNING & DEVELOPMENT FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) The Stewart Group | Transaction ID: 80423.E2555 Date of Disbursement 03 / 11 / 2008 |
| | Mailing Address Po Box 26508 | Amount of Each Disbursement this Period 6000.00 |
| | City Raleigh State NC Zip Code 27611- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Planning & Development Fee | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PLANNING & DEVELOPMENT FEE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) US Postal Service | Transaction ID: 80423.E2557 Date of Disbursement 01 / 28 / 2008 |
| | Mailing Address 231 Government Ave SW | Amount of Each Disbursement this Period 92.00 |
| | City Hickory State NC Zip Code 28602-2955 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement PO Box Rent | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PO BOX RENT |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 12092.00 |
| 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 135 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 231 Government Ave SW City Hickory State NC Zip Code 28602-2955 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2556 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 228.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2558 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 810.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE |
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2559 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8 Amount of Each Disbursement this Period 323.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE |

SUBTOTAL of Disbursements This Page (optional) ▶

1363.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2560 Date of Disbursement 04 / 03 / 2008 Amount of Each Disbursement this Period 157.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Po Box 105378 City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2561 Date of Disbursement 04 / 11 / 2008 Amount of Each Disbursement this Period 444.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MOBILE PHONE EXPENSE |
| C. | Full Name (Last, First, Middle Initial) Warren & Associates Mailing Address PO Box 1871 City Gastonia State NC Zip Code 28052- Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2562 Date of Disbursement 01 / 28 / 2008 Amount of Each Disbursement this Period 37.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL PROCESSING FEE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 639.99 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 137 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Warren & Associates

Transaction ID: 80423.E2563
Date of Disbursement

Mailing Address PO Box 1871

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City State Zip Code
Gastonia NC 28052-

Amount of Each Disbursement this Period

| |
|--------|
| 113.73 |
|--------|

Purpose of Disbursement
Payroll Processing Fee

| |
|---------------|
| Category/Type |
|---------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL PROCESSING FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Warren & Associates

Transaction ID: 80423.E2564
Date of Disbursement

Mailing Address PO Box 1871

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 7 | | 2 | 0 | 0 | 8 |

City State Zip Code
Gastonia NC 28052-

Amount of Each Disbursement this Period

| |
|-------|
| 29.94 |
|-------|

Purpose of Disbursement
Payroll Processing Fee

| |
|---------------|
| Category/Type |
|---------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL PROCESSING FEE

State: District:

C.

Full Name (Last, First, Middle Initial)
Wiley Rein, LLC

Transaction ID: 80423.E2565
Date of Disbursement

Mailing Address 1776 K St NW

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 8 |

City State Zip Code
Washington DC 20006-

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement
Legal Retainer

| |
|---------------|
| Category/Type |
|---------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

LEGAL RETAINER

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3143.67 |
|---------|

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 138 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Wiley Rein, LLC <hr/> Mailing Address 1776 K St NW <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement Legal Retainer Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2566 Date of Disbursement 03 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL RETAINER |
| B. | Full Name (Last, First, Middle Initial) Rebecca Yount <hr/> Mailing Address 5120 JM Craig Rd Granite Falls <hr/> City Granite Falls State NC Zip Code 28630-9297 <hr/> Purpose of Disbursement Reimbursement: See Below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E2534 Date of Disbursement 02 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1579.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW |
| C. | Full Name (Last, First, Middle Initial) Courtyard by Marriott <hr/> Mailing Address 140 L St SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80424.E2568 Date of Disbursement 02 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 979.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE |

SUBTOTAL of Disbursements This Page (optional) ▶

4579.29

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 First St SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Seminar Registration Fee
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80424.E2570
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]

MEMO: SEMINAR REGISTRATION
FEE

B.

Full Name (Last, First, Middle Initial)
US Airways, Inc

Mailing Address 111 West Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-

Purpose of Disbursement
Travel Expense
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80424.E2569
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]

MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Rebecca Yount

Mailing Address 5120 JM Craig Rd
Granite Falls

City Granite Falls State NC Zip Code 28630-9297

Purpose of Disbursement
Monthly Compensation
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80423.E2535
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MONTHLY COMPENSATION

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 / 145

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Rebecca Yount

Transaction ID: 80423.E2536
Date of Disbursement

Mailing Address 5120 JM Craig Rd
Granite Falls

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 0 | 8 |

City Granite Falls State NC Zip Code 28630-9297

Amount of Each Disbursement this Period

| |
|--------|
| 261.69 |
|--------|

Purpose of Disbursement
Travel Reimbursement

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRAVEL REIMBURSEMENT

State: District:

B.

Full Name (Last, First, Middle Initial)
Rebecca Yount

Transaction ID: 80423.E2537
Date of Disbursement

Mailing Address 5120 JM Craig Rd
Granite Falls

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 0 | 8 |

City Granite Falls State NC Zip Code 28630-9297

Amount of Each Disbursement this Period

| |
|---------|
| 2200.80 |
|---------|

Purpose of Disbursement
Monthly Compensation

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

MONTHLY COMPENSATION

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2462.49 |
|---------|

TOTAL This Period (last page this line number only) ►

| |
|-----------|
| 152927.30 |
|-----------|

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 141 / 145 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Transaction ID: LS51015.C3021

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) First National Bank | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ R-2004 |
| Mailing Address PO Box 168 | |
| City Shelby State NC ZIP Code 28151- | |

| | | |
|--------------------------------------|--|---|
| Original Amount of Loan 100500.00 | Cumulative Payment To Date 10000.00 | Balance Outstanding at Close of This Period 90500.00 |
|--------------------------------------|--|---|

TERMS

| | | | |
|---|----------------------|--------------------------------|---|
| Date Incurred MM DD YY 07 19 2004 | Date Due 20091020 | Interest Rate 7.500 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|----------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 90500.00 |
| TOTALS This Period (last page in this line only) | 90500.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 142 / 145
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Stewart Group | Nature of Debt (Purpose): Planning & Development Fee |
| Mailing Address Po Box 26508 | |
| City Raleigh State NC ZIP Code 27611- | |

| | |
|--|---|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: LS80424.E2612 |
| Amount Incurred This Period <input style="width: 100%;" type="text" value="6000.00"/> | Payment This Period <input style="width: 100%;" type="text" value="0.00"/> |
| Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="6000.00"/> | |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS-DCI, LLC | Nature of Debt (Purpose): Phone Match |
| Mailing Address 2401 W Behrend Dr | |
| City Phoenix State AZ ZIP Code 85027-4142 | |

| | |
|--|---|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: LS80424.E2613 |
| Amount Incurred This Period <input style="width: 100%;" type="text" value="6201.35"/> | Payment This Period <input style="width: 100%;" type="text" value="0.00"/> |
| Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="6201.35"/> | |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Platinum Business Credit Card | Nature of Debt (Purpose): Credit Card Expense |
| Mailing Address Po Box 15650 | |
| City Wilmington State DE ZIP Code 19886- | |

| | |
|--|---|
| Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/> | Transaction ID: LS80424.E2618 |
| Amount Incurred This Period <input style="width: 100%;" type="text" value="9928.84"/> | Payment This Period <input style="width: 100%;" type="text" value="0.00"/> |
| Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="9928.84"/> | |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="22130.19"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input style="width: 100%;" type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input style="width: 100%;" type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input style="width: 100%;" type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | | |
|--|-------------|--------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Oorbeek Group | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address 5903 Woodfield Estates Dr | | | |
| City Alexandria | State VA | ZIP Code 22310- | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS80424.E2616 | |
| Amount Incurred This Period <input type="text" value="2500.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2500.00"/> | |

| | | | |
|--|-------------|--------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wiley Rein, LLC | | | Nature of Debt (Purpose): Legal Retainer |
| Mailing Address 1776 K St NW | | | |
| City Washington | State DC | ZIP Code 20006- | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS80424.E2615 | |
| Amount Incurred This Period <input type="text" value="3000.80"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3000.80"/> | |

| | | | |
|---|-------------|--------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Revolution Media Group | | | Nature of Debt (Purpose): Planning & Development Fee |
| Mailing Address 1090 Vermont Ae NW Ste 230 | | | |
| City Washington | State DC | ZIP Code 20005- | |

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS80424.E2614 | |
| Amount Incurred This Period <input type="text" value="2000.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2000.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="7500.80"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

| | | | |
|---|-------------|--------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Communication Strategies, Inc | | | Nature of Debt (Purpose): Fundraising |
| Mailing Address PO Box 28081 | | | |
| City Raleigh | State NC | ZIP Code 27611- | |

| | | | |
|---|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 0.00 | | Transaction ID: LS80424.E2611 | |
| Amount Incurred This Period 5532.25 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5532.25 | |

| | | | |
|---|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Premier Mail Company | | | Nature of Debt (Purpose): Mail Service |
| Mailing Address PO Box 27048 | | | |
| City Raleigh | State NC | ZIP Code 27611-7048 | |

| | | | |
|---|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 0.00 | | Transaction ID: LS80424.E2617 | |
| Amount Incurred This Period 1000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1000.00 | |

| | | |
|--|---|-----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 6532.25 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 36163.24 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 90500.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 126663.24 |

Image# 28931433704

Form/Schedule: **F3N**
Transaction ID:

Schedule B includes all required additional memo entries for reimbursements. All other reimbursements do not meet the \$200.00 per vendor threshold; therefore no further itemization is necessary.
