

OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 C00200980 060499  
 MELISSA BALLENGER JORDAN  
 CASS BALLENGER FOR CONGRESS CD  
 COMMITTEE  
 361 10TH AVENUE DRIVE NE  
 P O BOX 2552  
 NICKSBY NC 28603

tee C00200980

2. FEC IDENTIFICATION NUMBER  
 RECEIVED  
 FEDERAL ELECTION  
 COMMISSION MAIL ROOM

3. IS THIS REPORT AN AMENDMENT?  
 JUN 17 10 45 AM '99  
 YES  NO

4. TYPE OF REPORT

April 15 Quarterly Report  Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

July 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1-1-99 through 6.30-99		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	25950.00	25950.00
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	25950.00	25950.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24898.00	24898.00
(b) Total Offsets to Operating Expenditures (from Line 14)	787.24	787.24
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24110.76	24110.76
8. Cash on Hand at Close of Reporting Period (from Line 27)	74878.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20483  
 Toll Free 800-424-9530  
 Local 202-376-3120

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

Type or Print Name of Treasurer  
 MELISSA B. JORDAN

Signature of Treasurer  
 Melissa B Jordan

Date  
 7-12-99

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

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) Cass Ballenger for Congress Committee Report Covering the Period:  
 From: 1-1-99 To: 6-30-99

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>I. RECEIPTS</b>		
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(f) Itemized (use Schedule A)	3800.00	
(l) Unitemized	150.00	
(m) Total of contributions from individuals	3950.00	3950.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	22000.00	22000.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(m), (b), (c) and (d))	25950.00	25950.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	787.24	787.24
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	26737.24	26737.24
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	24898.00	24898.00
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
<b>21. OTHER DISBURSEMENTS</b>	20750.00	20750.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	45648.00	45648.00

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	93789.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	26737.24
25. SUBTOTAL (add Line 23 and Line 24)	\$	120526.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	45648.00
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	74878.99

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11A

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

NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry W. Abernethy 221-13th Ave. Pl. NW Wash 28601	self	1/20/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles E. Trudo 24-2nd Ave. NE Wash 28601	self	1/20	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD	Aggregate Year-to-Date > \$ 1000 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Edward Aycoth 2555 Penna. Ave. NW #806 WDC 20037-1637	EAW Group Inc	3/15	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation exec.	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spencer Hayes POB 305146 Nashville TN 37230		4/27	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Edward Aycoth 2555 Penna. Ave. NW #806 WDC 20037-1637	EAW Group Inc	5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation exec.	Aggregate Year-to-Date > \$ 1000 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clark R. Smith 43247 Brownstone Ct. Ashburn VA 20147	EAW Group Inc	5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation exec.	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William H. Edmunds 4114 Kestrel Ct. Lenoir NC 28645	Retired	6/17	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

BUSTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code Previous contributions earmarked through ARCO PAC 333 S. Hope St. 19 <sup>th</sup> floor Los Angeles CA 90071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/21	Amount of Each Receipt this Period 300.00 memo total from conduit
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	3800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Casa Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TMGGC 111 Park Place Falls Church VA 22046		4/27/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arms Sugarbeet Growers Assn. PAC 1156 15th St. NW #1101 WDC 20005		4/27	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Sugar Cane League PAC 1301 Penn Ave NW #401 WDC 20004-1729		5/10	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic Corp PAC 1717 Arch St. Philadelphia PA 19103		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROOF PAC 2555 Penn Ave #806 WDC 20037-1637		5/10	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NACDS PAC 413 N. Lee St. Alexandria VA 22314		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOODPAC 800 Conn. Ave. NW #500 WDC 20006-2701		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	

SUBTOTAL of Receipts This Page (optional) ..... 3500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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PAGE 2 OF 6  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Carbide Corp PAC 801 Pease Ave. NW #230 WDC 20004		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
B. Full Name, Mailing Address and ZIP Code LOPAC 714 Green Valley Rd. Greensboro NC 27404-0529		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
C. Full Name, Mailing Address and ZIP Code BellSouth Telecommunications PAC 675 W. Peachtree St. NE Atlanta GA 30375		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
D. Full Name, Mailing Address and ZIP Code Natl. Chicken Council PAC 1015 15th St. NW #930 WDC 20005		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
E. Full Name, Mailing Address and ZIP Code Pike Electric Inc. PAC POB 868 Mt. Airy NC 27030		5/10	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
F. Full Name, Mailing Address and ZIP Code SAFPAC 1601 Duke St. Alexandria VA 22314		5/13	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			
G. Full Name, Mailing Address and ZIP Code Southern Minnesota Sugar Coop PAC POB 500 Renville MN 56284		5/13	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500 -			

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Burlington Ind. Good Govt. Comm. 1001 Chas. Ave. NW #701 WDC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000 -	5/13	1000.00
B. Full Name, Mailing Address and ZIP Code Williams & Jensen PAC 1155 21st St. NW #300 WDC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	5/13	500.00
C. Full Name, Mailing Address and ZIP Code FCB Combined PAC Federal POB 27131 Raleigh NC 27611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	5/13	500.00
D. Full Name, Mailing Address and ZIP Code Jefferson - Pilot Fed. Good Govt Comm. POB 21008 Greensboro NC 27420 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	5/13	500.00
E. Full Name, Mailing Address and ZIP Code IMPAC 1401 H St. NW WDC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	5/13	500.00
F. Full Name, Mailing Address and ZIP Code American Trucking PAC 430 1st St. SE WDC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	5/13	500.00
G. Full Name, Mailing Address and ZIP Code FURN PAC 918 16th St. NW #402 WDC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000 -	5/20	1000.00

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 6  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATICGG 1130 Conn. Ave. NW #1200 WDC 20036		5/20	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FMC Good Govt. Program 1667 K. St. NW WDC 20006		5/20	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cassina Power + Light PAC POB 1510 Raleigh NC 27602		5/26	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHIL PAC 120 Park Ave. NY NY 10017		5/26	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EASTPAC POB 511 Kingsport TN 37662		5/26	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RPAC 430 N. Michigan Ave Chicago IL 60611		6/9	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann. Hotel + Motel Assn PAC 1201 N.Y. Ave. NW #600 WDC 20005-3931		6/9	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 6  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPS PAC 55 Glenlake Drwy NE Atlanta GA 30328		6/9	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1000 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wachovia Bank NC PAC POB 3099 Winston-Salem NC 27102-7281		6/9	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASA PAC 222 Merchandise Mart #1360 Chicago IL 60654		6/9	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500 -		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NBWA PAC 1100 S. Washington St. Alexandria VA 22314-4494		6/17	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2000 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nations Bank Corp. PAC 600 Peachtree St. Atlanta GA 30308		6/17	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500 -		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BlueCross BlueShield of NC Empac POB 2291 Durham NC 27702-2291		6/24	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500 -		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABC PAC 1300 N. 17th St. Rosslyn VA 22209		6/28	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500 -		

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 6  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATPAC 100 NE Adams St. Peoria IL 61629-1430		6/28	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500 --
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TURPAC 1225 N.Y. Ave. NW #400 WDC 20005		6/28	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 500 --
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

22000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Computer Tree 2550 Viceroy Dr. Winston-Salem NC 27103		1/28/99	19.78 duplicate print
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 19.78	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sprint P.O. Box 7977 Overland Park KA 66211		2/17	167.46 Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 98 general	Occupation	Aggregate Year-to-Date > \$ 167.46	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Red Lynne Joe Sheriff 1469 Deerfield Rd. Boone NC 28607		3/8	100.00 Lost check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 98 general	Occupation	Aggregate Year-to-Date > \$ 100 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wes Southern for Senate 10301 Dannewhy Lane Carrboro NC 28031		3/8	500.00 Lost check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 98 general	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

787.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NC Dept. of Revenue POB 25000 Raleigh NC 27640-0615	4th quarter tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 198 GEN	1/4/99	236.40 -
Gaye Watts 5297 Old Shelby Rd. Hickory NC 28602	January pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5	827.80 -
Melissa Wicks 3776 Pinecrest Dr. NE Way 28601	Jan pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5	300.00 -
Postmaster Main Ave SE Way 28603-9998	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6	132.00 -
Postmaster Same as above	Stamps Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	66.00 -
Carolina Office Equipment POB 2145 Way 28603	supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	85.01 -
Computer Inc 2550 Viceroy Dr. Winston-Salem NC 27103	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	19.78 -
Postmaster POB 9998 Way 28603-9998	bus reply permit fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	100.00 -
BTI POB 96026 Charlotte NC 28296-0026	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	8.25 -

SUBTOTAL of Disbursements This Page (optional)	1775.24
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 8  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Case Ballenger for Congress Committee Co0200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Congressional Institute 316 Persse Ave SE #403 WDC 20003-1146	Retreat Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12	840.00 ✓
B. Full Name, Mailing Address and ZIP Code Postmaster Main Ave SE Hwy 28601	Cent. mail & stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/19	13.59 ✓
C. Full Name, Mailing Address and ZIP Code Symantec 34 St. Martin Dr. Marlborough MA 01752	Computer upgrade Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20	63.90 ✓
D. Full Name, Mailing Address and ZIP Code Sprint POB 2552 Hwy 28603-2552	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20	9.93 ✓
E. Full Name, Mailing Address and ZIP Code Splendor of Washington 2500 Q St. NW #0-2 WDC 20007	Kronos Cards Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20	722.00 ✓
F. Full Name, Mailing Address and ZIP Code Gaye Watts 5297 Old Shelby Rd. Hwy 28602	Phone & Mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20	38.52 ✓
G. Full Name, Mailing Address and ZIP Code Gaye Watts Same as above	February pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28	827.80 ✓
H. Full Name, Mailing Address and ZIP Code Melissa Jordan 3776 Pinecrest Dr. NE Hwy 28601	February pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28	300.00 ✓
I. Full Name, Mailing Address and ZIP Code BTI POB 96026 Charlotte, NC 28296-0026	Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12	8.25 ✓

SUBTOTAL of Disbursements This Page (optional) .....

2823.99

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 8  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Cass Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gaye Watts 5297 Old Shelby Rd. Hwy 28602	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25	20.30 -
Gaye Watts Same as above	March pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25	827.80 -
Melissa Jordan 3176 Pinecrest Dr. NE Hwy 28607	March pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/25	300.00 -
Sprint POB 96028 Charlotte NC 28296.0028	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1	9.93 -
Bank of Granite Hwy 28601	1st quarter 941 tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1	978.60 -
Advanced Mailing Services POB 19276 Greensboro NC 27419	mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4	266.61 -
Lindsay Graham 253 Stonehaven Way Spartanburg SC 29672	reimburse airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/6	558.00 -
Cross Speedy Printing 261 Govt. Ave SW Hwy 28602	letterhead Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8	473.59 -
Postmaster Main Ave. SE Hwy 28603.9998	Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8	33.00 -

SUBTOTAL of Disbursements This Page (optional)

3467.83

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Casa Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Main Ave SE Hwy 28603-9998	Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10	165.00 ✓
B. Full Name, Mailing Address and ZIP Code BTI PoB 96026 Charlotte NC 28296-0026	Purpose of Disbursement telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17	8.25 ✓
C. Full Name, Mailing Address and ZIP Code Gaye Watts 5247 Old Shelby Rd. Hwy 28602	Purpose of Disbursement April pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	827.80 ✓
D. Full Name, Mailing Address and ZIP Code Melissa Jordan 3776 Ainsworth Dr. NE Hwy 28601	Purpose of Disbursement April pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	300.00 ✓
E. Full Name, Mailing Address and ZIP Code Wave Communications 940 Tate Blvd SE #108 Hwy 28602	Purpose of Disbursement internet Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	75.00 ✓
F. Full Name, Mailing Address and ZIP Code Casa Ballenger 867-20th Ave. Dr. NW Hwy 28601	Purpose of Disbursement reimburse airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	810.00 ✓
G. Full Name, Mailing Address and ZIP Code Fed Ex PoB 1140 Memphis TN 38101-1140	Purpose of Disbursement air bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	6.45 ✓
H. Full Name, Mailing Address and ZIP Code Sprint PoB 96028 Charlotte NC 28296-0028	Purpose of Disbursement telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	9.93 ✓
I. Full Name, Mailing Address and ZIP Code Advanced Mailing PoB 19270 Greensboro NC 27419-9270	Purpose of Disbursement fundraiser mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30	261.23 ✓

SUBTOTAL of Disbursements This Page (optional)

2463.66

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 8  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

> Case Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NC Dept. of Revenue PoB 25000 Raleigh NC 27640-0615	1st quarter tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7	212.40 -
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of Granite Wky 28601	1st quarter 941 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7	326.20 -
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BTI PoB 96026 Charlotte NC 28296-0026	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19	8.25 -
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Main Ave SE Wky 28603-9998	Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19	165.00 -
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Employment Security Comm. Apo 26504 Raleigh NC 27611-6504	1st quarter tax Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26	1.40 -
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amex. Speedy Printing Centers 201 G.W. Ave. SW Wky 28602	invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28	413.91 -
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint PoB 96028 Charlotte NC 28296-0028	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28	9.93 -
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gaye Watts 5297 Old Shelby Rd. Wky 28602	reimburse phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29	26.15 -
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gaye Watts same as above	May pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29	827.80 -

SUBTOTAL of Disbursements This Page (optional)

1991.04

TOTAL This Period (last page this line number only)



CCHEDULE 8

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 8  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

> Case Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melissa Jordan 3776 Pinecrest Dr. NE Hwy 28601	May pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29	300.00 ✓
T. Case Ballenger 867. 20 <sup>th</sup> Ave Dr. NW Hwy 28601	Reimburse airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4	432.72 ✓
Gaye Watts 5297 Old Shelby Rd. Hwy 28602	airfare, hotel, taxi Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10	854.57 ✓
Joni POB 96028 Charlotte NC 28296-0028	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20	9.93 ✓
Gaye Watts 5297 Old Shelby Rd. Hwy 28602	reimburse phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20	25.71 ✓
Gaye Watts Same as above	June pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25	827.80 ✓
Melissa Jordan 3776 Pinecrest Dr. NE Hwy 28601	June pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25	300.00 ✓
Postmaster Main Ave SE Hwy 28603-9998	Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25	33.00 ✓
Capital Hill Club 300. 1st St. SE WDC 20003	5/5 fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28	3103.98 ✓

SUBTOTAL of Disbursements This Page (optional)

5887.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of Granite Hwy 28601	2nd qt. 941 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1	652.40-
B. Full Name, Mailing Address and ZIP Code Postmaster Main Ave SE Hwy 28603-9998	Purpose of Disbursement Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9	33.00 -
C. Full Name, Mailing Address and ZIP Code Cass Ballenger 867 20th Ave. S.W. Hwy 28601	Purpose of Disbursement Reimburse airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9	816.00 -
D. Full Name, Mailing Address and ZIP Code BTI POB 96026 Charlotte NC 28296	Purpose of Disbursement telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9	8.25 -
E. Full Name, Mailing Address and ZIP Code Wave Communications 940 Tate Blvd. SE #108 Hwy 28602	Purpose of Disbursement internet Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/22	75.00 -
F. Full Name, Mailing Address and ZIP Code Gaye Watts 5297 Old Shelby Rd. Hwy 28602	Purpose of Disbursement phone + mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28	107.90 -
G. Full Name, Mailing Address and ZIP Code Gaye Watts Same as above	Purpose of Disbursement July pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28	827.80 -
H. Full Name, Mailing Address and ZIP Code Melissa Jordan 3776 Piedmont Dr. NE Hwy 28601	Purpose of Disbursement July pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28	300.00 -
I. Full Name, Mailing Address and ZIP Code Advanced Mailing Service POB 19270 Greensboro NC 27419	Purpose of Disbursement mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28	3400.00 -

SUBTOTAL of Disbursements This Page (optional) .....

6220.35

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

*Cass Ballenger for Congress Committee C00200980 Clerk of House #116921*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Bradford Communications POB 3081 Hwy 28603</i>	<i>press release</i>	<i>6/29</i>	<i>250.00</i>
B. Full Name, Mailing Address and ZIP Code <i>Sprint POB 96028 Charlotte NC 28296-0028</i>	Purpose of Disbursement <i>telephone</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/29</i>	<i>9.93</i>
C. Full Name, Mailing Address and ZIP Code <i>BTI POB 96026 Charlotte NC 28296-0026</i>	Purpose of Disbursement <i>telephone</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/10</i>	<i>8.25</i>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	<i>268.18</i>
TOTAL This Period (last page this line number only) .....	<i>24898.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

Case Challenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NCFYR Convention '99 2628 C Greenbrier Rd. Winston-Salem Nc 27104	Contribution	3/8/99	250.00 ✓
BAM PAC 2029 P St. NW #202 WDC 20036	Contribution	4/28	1000.00 ✓
Friends of John Hostetler POB 3676 Evansville Indiana 47735	Contribution	5/10	1000.00 ✓
Friends of Mike Parker POB 229 Brookhaven Ms. 39602	Contribution	5/10	500.00 ✓
Friends of Bill Cobey Po Drawer 19764 Raleigh Nc 27619	Contribution	5/11	1000.00 ✓
NCGOP 1410 Hillsborough St. Raleigh Nc 27605	Contribution	5/25	2000.00 ✓
NECC Incumbent Support Fund 320. 1st St. SE WDC 20003	Contribution	6/29	15000.00 ✓
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....


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

20750.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/14/99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7/17/99 DATE PREPARED