

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BOB ETHERIDGE FOR CONGRESS COMMITTEE

ADDRESS (number and street) POST OFFICE BOX 28001
 Check if different than previously reported. (ACC)
RALEIGH NC 27611

2. **FEC IDENTIFICATION NUMBER** C00311555
CITY STATE ZIP CODE STATE DISTRICT
IS THIS REPORT NEW (N) OR AMENDED (A)
NC 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2007 through 09 30 2007

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 Andrea Bell

Signature of Treasurer Electronically Filed by Andrea Bell Date 10 13 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BOB ETHERIDGE FOR CONGRESS COMMITTEE

Report Covering the Period: From: To:

	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)).....	178321.73	487926.96
(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)).....	178321.73	487926.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	48614.84	164300.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1941.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48614.84	162358.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	735578.40	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

85960.00

190009.53

(ii) Unitemized.....

12145.00

23565.00

(iii) TOTAL of contributions

98105.00

213574.53

from individuals..... ▶

44.05

79.75

(b) Political Party Committees.....

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

80172.68

274272.68

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

178321.73

487926.96

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

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

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

0.00

1941.94

15. OTHER RECEIPTS

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

8752.57

24886.55

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

187074.30

514755.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48614.84	164300.35
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.....	25030.00	91060.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	73644.84	255360.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	622148.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	187074.30
25. SUBTOTAL (add Line 23 and Line 24).....	809223.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73644.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	735578.40

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 93
	<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

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Allene W. Alphin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007
Mailing Address 3489 US 301 South		Transaction ID: SA11A1.16996
City	State	Zip Code
Dunn	NC	28334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Richard C. Anderson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 2407 N. Main Street		Transaction ID: SA11A1.17025
City	State	Zip Code
Tarboro	NC	27886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Farmer	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Marshall A. Ashworth		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007
Mailing Address 1203 Wade Avenue		Transaction ID: SA11A1.16990
City	State	Zip Code
Garner	NC	27529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Retired	Occupation Retired	<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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	1620.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Carlton L. Bailey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007	
Mailing Address 3805 Bull Head Road		Transaction ID: SA11A1.17064	
City State Zip Code Bailey NC 27807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bailey Brothers Farm Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Johnny Ray Bailey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007	
Mailing Address 3805 Bullhead Road		Transaction ID: SA11A1.17056	
City State Zip Code Bailey NC 27807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bailey Brothers Farm Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kenneth W. Bailey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007	
Mailing Address 3621 Bull Head Road		Transaction ID: SA11A1.17062	
City State Zip Code Bailey NC 27807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bailey Brothers Farm Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Milton Bailey		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 10033 Bailey Road		Transaction ID: SA11A1.17060	
City State Zip Code Bailey NC 27807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bailey Brothers Farm Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Nancy L. Bailey		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 3805 Bull Head Road		Transaction ID: SA11A1.17058	
City State Zip Code Bailey NC 27807	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bailey Brothers Farm Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Carson B. Barnes		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 11 Canvasback Pointe		Transaction ID: SA11A1.17068	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Barnes Farming Corp. Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lisa S. Barnes		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 302 Bend of the River Road		Transaction ID: SA11A1.17069
City State Zip Code Spring Hope NC 27882	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Barnes Farming Corp.	Occupation Farmer/Homemaker	<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	

Full Name (Last, First, Middle Initial) B. Richard E. Bell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007
Mailing Address 2019 Beumer		Transaction ID: SA11A1.17249
City State Zip Code Stuttgart AR 72160	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Bell Farming	Occupation President	<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	

Full Name (Last, First, Middle Initial) C. Ricky D. Bell		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 351 Swanson's Road		Transaction ID: SA11A1.17034
City State Zip Code Louisburg NC 27549	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Tobacco Farmer	<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	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Tracy D. Bissett

Mailing Address P.O. Box 279

City State Zip Code
Spring Hope NC 27882

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

Name of Employer Occupation
Bissett Produce Farm Farmer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11A1.17073

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Philip Andrew Blalock

Mailing Address Triangle Associates Inc.
108 Roberts Lane Suite 101

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Triangle Associates Inc. Agribusiness Specialist

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2007

Transaction ID: SA11A1.17290

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jackson Boseman

Mailing Address Route 2 Box 122B
Cool Spring Road

City State Zip Code
Battleboro NC 27809

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

Name of Employer Occupation
Self-Employed Farmer

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2007

Transaction ID: SA11A1.16984

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jean Boseman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007
Mailing Address P.O. Box 26		Transaction ID: SA11A1.16987
City State Zip Code Battleboro NC 27809	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Boseman Farms Owner	Election Cycle-to-Date 2300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Katie N. Boseman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 3213A Moseley Drive		Transaction ID: SA11A1.17042
City State Zip Code Greenville NC 27858	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Battleboro Agriculture Partners Manager	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Wanda L. Bowen		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2007
Mailing Address 6930 E. Flatiron Court		Transaction ID: SA11A1.17216
City State Zip Code Superstition Mtn AZ 85218	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 2100.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	4900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Wanda L. Bowen		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2007
Mailing Address 6930 E. Flatiron Court		Transaction ID: SA11A1.17233
City State Zip Code Superstition Mtn AZ 85218	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Kirk J. Bradley		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2007
Mailing Address P.O. Drawer 9		Transaction ID: SA11A1.17209
City State Zip Code Sanford NC 27331	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lee-Moore Oil Company President & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. L. D. Brantley, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 603 E. Haywood Street		Transaction ID: SA11A1.17281
City State Zip Code England AR 72046	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brantley Farming Farmer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Debra M. Bryant

Mailing Address 612 Fourth Place SW

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation
The Ferguson Group LLC Gov't. Relations

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: SA11A1.17300

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
W. Thomas Butler

Mailing Address 235 Powell Farm Road

City State Zip Code
Lillington NC 27546

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

Name of Employer Occupation
Self-Employed Farmer

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11A1.17118

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William S. Cameron

Mailing Address 100 Park Avenue

City State Zip Code
Sanford NC 27330

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

Name of Employer Occupation
Medicine Park Pharmacy Owner/Pharmacist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: SA11A1.17234

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ann C. Cash		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address P.O. Box 171		Transaction ID: SA11A1.17297	
City State Zip Code McGehee AR 71654	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Farmer	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Allen D. Clary		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 5258 Barnhill Farm Road		Transaction ID: SA11A1.17051	
City State Zip Code Battleboro NC 27809	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Farmer	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Rufus L. Clayton, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 4005 Summerwinds Court		Transaction ID: SA11A1.17027	
City State Zip Code Clayton NC 27520	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Best Efforts Lef. Occupation	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Randolph E. Cloud		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address 2440 Oxford Road		Transaction ID: SA11A1.17137
City Raleigh	State NC	Zip Code 27608
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Randolph Cloud & Assoc.	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Rogers Cockrill		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address Tillar & Company P.O. Box 98		Transaction ID: SA11A1.17388
City Tillar	State AR	Zip Code 71670
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Partnership Attribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer Tillar & Company	Occupation Partner	[MEMO ITEM]
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. Tillar & Company		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address P.O. Box 98		Transaction ID: SA11A1.17387
City Tillar	State AR	Zip Code 71670
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		See Rogers Cockrill Memo Item Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer PARTNERSHIP	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Gerald P. Cox		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 144 Steeplechase Road		Transaction ID: SA11A1.17115	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Autumn Corporation	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Scott Crumbaugh		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2007	
Mailing Address 288 W. Saint Charles Road		Transaction ID: SA11A1.17221	
City State Zip Code Ithaca MI 48847	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Spartan Insurance	Occupation Insurance Agent		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Judy Day		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 264 Cottle Lake Drive		Transaction ID: SA11A1.17224	
City State Zip Code Coats NC 27521	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NC State University	Occupation Education		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	3550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Rufus L. Edmisten

Mailing Address 2121 Lake Wheeler Road

City Raleigh State NC Zip Code 27603

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

Name of Employer Edmisten & Webb Occupation Attorney

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
07 / 23 / 2007

Transaction ID: SA11A1.17093

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Diane E. Edwards

Mailing Address 5046 US 401 Highway North

City Louisburg State NC Zip Code 27549

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

Name of Employer Circle Double D Cattle Farm Occupation Farmer

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
07 / 23 / 2007

Transaction ID: SA11A1.17021

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Cheryl A. Ellington

Mailing Address 1261 Stewart Farm Road

City Henderson State NC Zip Code 27536

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

Name of Employer Self-Employed Occupation Farmer

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
07 / 23 / 2007

Transaction ID: SA11A1.17017

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Kenneth P. Etheridge

Mailing Address P.O. Box 8

City State Zip Code
Kenly NC 27542

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

Name of Employer Occupation
Etheridge Oil Company Petroleum Marketer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: SA11A1.17000

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Catherine B. Evans

Mailing Address P.O. Box 1296

City State Zip Code
Lillington NC 27546

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

Name of Employer Occupation
Self-Employed Dentist

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

Date of Receipt
MM / DD / YYYY
08 / 09 / 2007

Transaction ID: SA11A1.17169

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Trent Felton

Mailing Address 2331 Highway 1 North

City State Zip Code
Marianna AR 72360

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

Name of Employer Occupation
Trent Felton Farms President

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

Date of Receipt
MM / DD / YYYY
09 / 10 / 2007

Transaction ID: SA11A1.17283

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. William B. Ferrell		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 2018 Glendale Drive Apt. A-2		Transaction ID: SA11A1.17053
City State Zip Code Wilson NC 27893	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert W. Ferris		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2007
Mailing Address 11312 Old Creedmoor Road		Transaction ID: SA11A1.17303
City State Zip Code Raleigh NC 27613	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SFL&A / First Floor	Occupation Architect / Developer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Tim Fisher		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 11735 Watson Seed Farm Road		Transaction ID: SA11A1.17066
City State Zip Code Whitakers NC 27891	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Raymond W. Foster

Mailing Address 4696 US Highway 401 North

City State Zip Code
Louisburg NC 27549

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

Name of Employer Occupation
Foster Farms Farmer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11A1.17029

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Bobby Gammill, Jr.

Mailing Address 41829 East Highway 118

City State Zip Code
Tyronza AR 72386

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

Name of Employer Occupation
Gammill Farms Farmer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2007

Transaction ID: SA11A1.17285

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 329 Gardner Road

City State Zip Code
Castalia NC 27816

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

Name of Employer Occupation
Gardner Farms Farmer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11A1.17038

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gary C. George

Mailing Address 2006 Johnson Road

City State Zip Code
Springdale AR 72764

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

Name of Employer Occupation
Georges Chicken Georges Inc. 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 Y
09 10 2007

Transaction ID: SA11A1.17271

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Randall T. Goins

Mailing Address 2809 Fincastle Drive

City State Zip Code
Fort Smith AR 72908

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

Name of Employer Occupation
OK Industries Sales Manager

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 10 2007

Transaction ID: SA11A1.17257

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Randall W. Goins

Mailing Address 1820 South 73rd Circle

City State Zip Code
Fort Smith AR 72903

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

Name of Employer Occupation
OK Industries Executive

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 10 2007

Transaction ID: SA11A1.17251

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Susan Carr Gossman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007
Mailing Address 630 S. Saint Asaph Street		Transaction ID: SA11A1.17291
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Susan Carr & Associates	Occupation Consultant/Gov't. Relations	<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 ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Donna F. Haddock		Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2007
Mailing Address 604 Perfect Moment Drive		Transaction ID: SA11A1.17109
City Durham	State NC	Zip Code 27713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tri-Arc Food Systems Inc.	Occupation Corporate Officer	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Jean Harris		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007
Mailing Address P.O. Box 578		Transaction ID: SA11A1.17113
City Dunn	State NC	Zip Code 28335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Homemaker	Occupation Homemaker	<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 ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<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

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
George S. Hedgepeth

Mailing Address 5521 Brad Road

City Lucama State NC Zip Code 27851

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

Name of Employer Scattered Acres Occupation Farmer

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
07 / 23 / 2007

Transaction ID: SA11A1.17043

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Yvonne F. Hedgepeth

Mailing Address 5521 Brad Road

City Lucama State NC Zip Code 27851

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

Name of Employer Scattered Acres Occupation Farmer

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
07 / 23 / 2007

Transaction ID: SA11A1.17045

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Monty K. Henderson

Mailing Address 2111 Brookhaven Drive

City Fayetteville State AR Zip Code 72703

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

Name of Employer George's Inc. Occupation President & COO

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
09 / 10 / 2007

Transaction ID: SA11A1.17269

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dan Honeycutt

Mailing Address 368 Rawls Church Road

City Angier State NC Zip Code 27501

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) ▼

500.00

Date of Receipt
08 / 10 / 2007

Transaction ID: SA11A1.17192

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
S. Clark Jenkins

Mailing Address P.O. Box 310

City Tarboro State NC Zip Code 27886

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

Name of Employer State of NC Occupation State Senator

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
07 / 17 / 2007

Transaction ID: SA11A1.16980

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
David S. Jolley

Mailing Address 111 Balmoral Fords Colony

City Williamsburg State VA Zip Code 23188

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

Name of Employer NC State University Occupation Interim Assoc. Vice Chancellor

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

600.00

Date of Receipt
07 / 18 / 2007

Transaction ID: SA11A1.17015

Amount of Each Receipt this Period
100.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert L. Jones		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2007	
Mailing Address P.O. Box 19067		Transaction ID: SA11A1.17239	
City Raleigh	State NC	Zip Code 27619	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Davidson and Jones	Occupation Developer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Marvin O. Marshall		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007	
Mailing Address 1100 Merry Street		Transaction ID: SA11A1.16986	
City Dunn	State NC	Zip Code 28334	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Hiram J. Marziano		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007	
Mailing Address P.O. Box 4428		Transaction ID: SA11A1.17198	
City Asheboro	State NC	Zip Code 27204	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Marziano & Minier PA	Occupation Consulting Engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Benjamin C. Mayo, Jr.

Mailing Address 302 Barrington Drive

City State Zip Code
Tarboro NC 27886

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

Name of Employer Occupation
Mayo Knitting Mills Textiles

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2007

Transaction ID: SA11A1.17011

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Larry W. McAdams

Mailing Address 204 Candlewood Road

City State Zip Code
Rocky Mount NC 27804

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

Name of Employer Occupation
Construction Imaging Systems President/Sales

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2007

Transaction ID: SA11A1.17247

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mike McCarty

Mailing Address 1024 Island Drive

City State Zip Code
Memphis TN 38103

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

Name of Employer Occupation
Self-Employed Farmer

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2007

Transaction ID: SA11A1.17294

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address 160 Lee 316

City State Zip Code
Marianna AR 72360

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

Name of Employer
McClendon Mann Felton Gin Inc.

Occupation
Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2007

Transaction ID: SA11A1.17263

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ann B. McCormick

Mailing Address 900 W. Short Street

City State Zip Code
Lillington NC 27546

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

Name of Employer
Harnett Co. Schools

Occupation
Educator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
490.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2007

Transaction ID: SA11A1.17009

Amount of Each Receipt this Period
240.00

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

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

Mailing Address 87 Strange Road

City State Zip Code
Louisburg NC 27549

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

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11A1.17036

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Carlie C. McLamb		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 3695 US 301 North		Transaction ID: SA11A1.17134	
City State Zip Code Dunn NC 28334	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retail Grocer Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Clement E. Medley, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 102 Winterlochen Drive		Transaction ID: SA11A1.17102	
City State Zip Code Dunn NC 28334	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First Federal Bank Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President/CEO Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Jennifer Laszlo Mizrahi		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 1306 Beachview Road		Transaction ID: SA11A1.17287	
City State Zip Code Annapolis MD 21403	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer TIP Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Non-Profit Election Cycle-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Daniel D. Mosca		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007	
Mailing Address P.O. Box 415		Transaction ID: SA11A1.16997	
City State Zip Code Brown Summit NC 27214	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Investor	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Wendell H. Murphy		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 390 Betholite Road		Transaction ID: SA11A1.17012	
City State Zip Code Rose Hill NC 28458	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Retired Occupation Retired	Election Cycle-to-Date 1500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Scott J. Parker		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address P.O. Box 9045		Transaction ID: SA11A1.17112	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Nash County Occupation Law Enforcement	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bill T. Pearce		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 4736 NC Highway 56 East		Transaction ID: SA11A1.17040	
City State Zip Code Castalia NC 27816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fords Tobacco Warehouse	Occupation Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George R. Perkins, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007	
Mailing Address P.O. Box 525		Transaction ID: SA11A1.17170	
City State Zip Code Sanford NC 27331	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Frontier Spinning Mills	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. George R. Perkins, III		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007	
Mailing Address 1823 Boone Trail Road		Transaction ID: SA11A1.17171	
City State Zip Code Sanford NC 27330	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Frontier Spinning Mills	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mrs. Rhudy F. Phillips		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1450 Duncan Street		Transaction ID: SA11A1.17243
City Fayetteville State NC Zip Code 28303	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker Occupation Homemaker	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Rhudy F. Phillips		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1450 Duncan Street		Transaction ID: SA11A1.17242
City Fayetteville State NC Zip Code 28303	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Rhudy's Inc. Occupation Owner/Jeweler	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. W. T. Phillips, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
Mailing Address 6621 Wilbanks Road		Transaction ID: SA11A1.17097
City Knoxville State TN Zip Code 37912	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Phillips & Jordan Inc. Occupation CEO	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Donald Glenn Pierce

Mailing Address 4928 Linksland Drive
Suite 201

City State Zip Code
Holly Springs NC 27540

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

Name of Employer Self-Employed Occupation
Insurance

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 09 / 2007

Transaction ID: SA11A1.17149

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Charles E. Powell, Sr.

Mailing Address 7204 Denlee Road

City State Zip Code
Raleigh NC 27603

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

Name of Employer Total Hair Occupation
Barber

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2007

Transaction ID: SA11A1.17228

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 208 W. Arrowhead Drive

City State Zip Code
Clinton NC 28328

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

Name of Employer Prestage Farms Inc. Occupation
Principal/Agribusiness

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11A1.17136

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. W. H. Prestage		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2007
Mailing Address 406 Coharie Drive		Transaction ID: SA11A1.17135
City Clinton	State NC	Zip Code 28328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Prestage Farms Inc.	Occupation President	<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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Tom B. Rabon, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2007
Mailing Address 5313 Lake Edge Drive		Transaction ID: SA11A1.17098
City Holly Springs	State NC	Zip Code 27540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Red Hat Inc.	Occupation Exec. VP/Corporate Affairs	<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 ▼ 560.00	

Full Name (Last, First, Middle Initial) C. Stanley E. Reed		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007
Mailing Address 114 Lee 316		Transaction ID: SA11A1.17259
City Marianna	State AR	Zip Code 72360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Farmer	<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	

SUBTOTAL of Receipts This Page (optional)	2560.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 93
(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
James N. Rogers

Mailing Address 4237 Downing Road

City State Zip Code
Wilson NC 27893

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

Name of Employer Best Efforts Let. Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2007

Transaction ID: SA11A1.17047

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles A. Sanders

Mailing Address 3200 Rugby Road

City State Zip Code
Durham NC 27707

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2007

Transaction ID: SA11A1.17289

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Stuart L. Schnider

Mailing Address P.O. Box 38470

City State Zip Code
Charlotte NC 28278

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

Name of Employer The Schnider Group Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2007

Transaction ID: SA11A1.17301

Amount of Each Receipt this Period
2300.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gregory A. Sconyers

Mailing Address P.O. Box 1142

City State Zip Code
Whitakers NC 27891

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

Name of Employer Best Efforts Lef. Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: SA11A1.17307

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Alice Scott

Mailing Address 7757 Oscar Loop

City State Zip Code
Lucama NC 27851

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

Name of Employer Scott Farms Inc. Occupation Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11A1.17085

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1129 Par Three Drive South

City State Zip Code
Wilson NC 27893

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

Name of Employer Best Efforts Lef. 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
07 / 23 / 2007

Transaction ID: SA11A1.17049

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jennifer S. Sears		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 3208 Cornwallis Drive		Transaction ID: SA11A1.17088	
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Stonehouse Interiors Owner	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Joseph T. Shaw, III		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 1025 Tower Road		Transaction ID: SA11A1.17019	
City State Zip Code Henderson NC 27537	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Best Efforts Let.	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Tim M. Shearin		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 107 Riverbend Circle		Transaction ID: SA11A1.17031	
City State Zip Code Louisburg NC 27549	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Fords Tobacco Warehouse General Manager	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Aubrey F. Smith		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address Route 4 Box 326		Transaction ID: SA11A1.17071
City Rocky Mount	State NC	Zip Code 27801
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation General Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 500.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. J. Dal Snipes		Date of Receipt MM / DD / YYYY 09 / 01 / 2007
Mailing Address P.O. Box 1165		Transaction ID: SA11A1.17245
City Dunn	State NC	Zip Code 28335
FEC ID number of contributing federal political committee.	C	
Name of Employer Snipes Insurance Service Inc.	Occupation President/Insurance Agent	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 500.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Drew Stallings		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address 4443 Howard Avenue Ext.		Transaction ID: SA11A1.17050
City Tarboro	State NC	Zip Code 27886
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Agriculture Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 1000.00
		<input type="checkbox"/> 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Margaret M. Stamey		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007
Mailing Address 6201 Arnold Road		Transaction ID: SA11A1.17124
City Raleigh	State NC	Zip Code 27607
Amount of Each Receipt this Period 120.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. M. W. Stancil		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address P.O. Box 188		Transaction ID: SA11A1.17246
City Selma	State NC	Zip Code 27576
Amount of Each Receipt this Period 150.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. M. Durwood Stephenson		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address P.O. Box 1187		Transaction ID: SA11A1.17172
City Smithfield	State NC	Zip Code 27577
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Stephenson Contractors	Occupation General Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	770.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Cary Stewart		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 520 Old Coats Road		Transaction ID: SA11A1.17182
City State Zip Code Lillington NC 27546	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer USDA	Occupation Commodity Grader	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randall C. Stewart		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 7594		Transaction ID: SA11A1.17227
City State Zip Code Rocky Mount NC 27804	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Carolina Physical Therapy Associates	Occupation Physical Therapist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Lloyd Stuart Surles		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address 1019 Montague Road		Transaction ID: SA11A1.17244
City State Zip Code Angier NC 27501	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Insurance Agent	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Robert Lee Swanson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 1669 White Level Road		Transaction ID: SA11A1.17032
City State Zip Code Louisburg NC 27549	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts Let. Occupation	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Allen G. Thomas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007
Mailing Address P.O. Box 5		Transaction ID: SA11A1.16977
City State Zip Code Wilson NC 27894	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Thomas & Farris Occupation Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Benjamin N. Thompson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007
Mailing Address 114 Kingsway Drive		Transaction ID: SA11A1.17232
City State Zip Code Dunn NC 28334	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wyrick Robbins Yates Occupation Attorney	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Kathryn Tyson Mailing Address P.O. Box 518 City Nashville State NC Zip Code 27856 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007 Transaction ID: SA11A1.16981 Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farm Administration Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Carolyn M. Underwood Mailing Address 2369 Everett Dowdy Road City Sanford State NC Zip Code 27330 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007 Transaction ID: SA11A1.17178 Amount of Each Receipt this Period 500.00
Name of Employer Best Efforts Let. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Contractor Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Charles R. Underwood Mailing Address 2009 Everett Dowdy Road City Sanford State NC Zip Code 27330 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007 Transaction ID: SA11A1.17179 Amount of Each Receipt this Period 500.00
Name of Employer Charles R. Underwood Inc. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Contractor Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Kao Zon John Wei		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address 103 Turnberry Lane		Transaction ID: SA11A1.17155
City State Zip Code Cary NC 27511	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of NC Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Software Analyst Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jerry L. West		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address 1365 NC Highway 222 East		Transaction ID: SA11A1.17299
City State Zip Code Fremont NC 27830	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hugh Wayne Whitley		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2007
Mailing Address 6801 Springfield School Rd.		Transaction ID: SA11A1.17207
City State Zip Code Lucama NC 27851	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Efforts Lef. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert M. Wilson, Jr.

Mailing Address 50 White Cliffs Boulevard

City State Zip Code
Santa Rosa Beach FL 32459

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 ▼ **2300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 10 2007

Transaction ID: SA11A1.17261

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Steve A. Wilson

Mailing Address One Park

City State Zip Code
Wilson AR 72395

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

Name of Employer Self-Employed Occupation Farmer

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
08 15 2007

Transaction ID: SA11A1.17219

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 473 Oak Street

City State Zip Code
Lillington NC 27546

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

Name of Employer Harnett County DSS 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 Y
08 09 2007

Transaction ID: SA11A1.17138

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 93
	<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Richard Peyton Woodson, III

Mailing Address P.O. Box 12346

City Raleigh State NC Zip Code 27605

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2007

Transaction ID: SA11A1.17304

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Seth T. Wooten, Jr.

Mailing Address P.O. Box 2408

City Wilson State NC Zip Code 27894

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

Name of Employer S.T. Wooten Corporation Occupation President/General Contractor

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
 07 / 17 / 2007

Transaction ID: SA11A1.16998

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Seth T. Wooten, Jr.

Mailing Address P.O. Box 2408

City Wilson State NC Zip Code 27894

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

Name of Employer S.T. Wooten Corporation Occupation President/General Contractor

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
 07 / 17 / 2007

Transaction ID: SA11A1.16999

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 93
	(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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Steve A. Wordsworth

Mailing Address P.O. Box 800

City State Zip Code
Rocky Mount NC 27802

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

Name of Employer Occupation
MBM Corporation 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
09 / 28 / 2007

Transaction ID: SA11A1.17305

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Samuel J. Wornom, III

Mailing Address P.O. Box 1248

City State Zip Code
Sanford NC 27331

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

Name of Employer Occupation
Nouveau Investments 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
08 / 21 / 2007

Transaction ID: SA11A1.17236

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	85960.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input type="checkbox"/> 11a <input checked="" 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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 49.97

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2007

Transaction ID: SA11B.17373

Amount of Each Receipt this Period
 14.27

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

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 62.21

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2007

Transaction ID: SA11B.17365

Amount of Each Receipt this Period
 12.24

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

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 79.75

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2007

Transaction ID: SA11B.17390

Amount of Each Receipt this Period
 17.54

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

SUBTOTAL of Receipts This Page (optional)	44.05
TOTAL This Period (last page this line number only)	44.05

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address **The Leonard M. Ring Law Ctr.
1050 31st Street NW**

City **Washington** State **DC** Zip Code **20007**

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

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
09 / 12 / 2007

Transaction ID: SA11C.17337

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
ABB Inc. Policy Improvement Program

Mailing Address **1455 Pennsylvania Ave. NW
Suite 210**

City **Washington** State **DC** Zip Code **20004**

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

Name of Employer _____ Occupation _____

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
09 / 19 / 2007

Transaction ID: SA11C.17351

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Abbott Laboratories Employee PAC

Mailing Address **100 Abbott Park Road**

City **Abbott Park** State **IL** Zip Code **60064**

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

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
07 / 12 / 2007

Transaction ID: SA11C.17312

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ACE Group PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007
Mailing Address 436 Walnut Street WA07C		Transaction ID: SA11C.17318
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Action Committee for Rural Electrification		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C.17362
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. American Association of Crop Insurers PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address One Massachusetts Ave. NW Suite 800		Transaction ID: SA11C.17334
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<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 ▼ 5000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. American Association of Crop Insurers PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007
Mailing Address One Massachusetts Ave. NW Suite 800		Transaction ID: SA11C.17345
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

Full Name (Last, First, Middle Initial) B. American Bankers Association BankPac		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007
Mailing Address 1120 Connecticut Ave. NW		Transaction ID: SA11C.17342
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. American Crystal Sugar PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 101 North Third Street		Transaction ID: SA11C.17350
City Moorhead State MN Zip Code 56560	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. American Sugar Cane League PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 50 F Street NW Suite 900		Transaction ID: SA11C.17368
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Blue Cross & Blue Shield of NC Employee PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2007
Mailing Address P.O. Box 2291		Transaction ID: SA11C.17325
City Durham	State NC	Zip Code 27702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<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 ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. Bridgestone/Firestone PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007
Mailing Address 607 14th Street NW Suite 500		Transaction ID: SA11C.17335
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Caterpillar Employees PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address 100 N.E. Adams Street		Transaction ID: SA11C.17336
City State Zip Code Peoria IL 61629	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Cisco Systems Inc. Federal PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 1300 Pennsylvania Ave. NW Suite 250		Transaction ID: SA11C.17378
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Coastal Federal Credit Union PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address P.O. Box 58429		Transaction ID: SA11C.17321
City State Zip Code Raleigh NC 27658	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Committee for Advancement of Cotton		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address P.O. Box 820292		Transaction ID: SA11C.17332	
City State Zip Code Memphis TN 38182	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 6500.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Committee for Advancement of Cotton		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address P.O. Box 820292		Transaction ID: SA11C.17361	
City State Zip Code Memphis TN 38182	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 7500.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Credit Suisse Securities (USA) PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007	
Mailing Address 1201 F Street NW Suite 450		Transaction ID: SA11C.17374	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

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

Mailing Address 1156 15th Street NW
Suite 400

City Washington State DC Zip Code 20005

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

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
09 / 12 / 2007

Transaction ID: SA11C.17338

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
CWA-COPE PCC

Mailing Address 501 Third Street NW
Suite 1060

City Washington State DC Zip Code 20001

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

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
07 / 12 / 2007

Transaction ID: SA11C.17313

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address 50 F Street NW
Suite 900

City Washington State DC Zip Code 20001

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

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
09 / 17 / 2007

Transaction ID: SA11C.17348

Amount of Each Receipt this Period
1500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Farm Credit PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7	
Mailing Address 50 F Street NW Suite 900		Transaction ID: SA11C.17349	
City State Zip Code Washington DC 20001		Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 8500.00	

B. Full Name (Last, First, Middle Initial) General Electric Company PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 1299 Pennsylvania Ave. NW Suite 1100 West		Transaction ID: SA11C.17369	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address 1500 K Street NW Suite 650		Transaction ID: SA11C.17340	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Goldman Sachs Group Inc. PAC

Mailing Address 101 Constitution Ave. NW
Suite 1000 East

City Washington State DC Zip Code 20001

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

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
 09 / 19 / 2007

Transaction ID: SA11C.17352

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Goldman Sachs Group Inc. PAC

Mailing Address 101 Constitution Ave. NW
Suite 1000 East

City Washington State DC Zip Code 20001

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

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
 09 / 26 / 2007

Transaction ID: SA11C.17358

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
I.B.E.W. - C.O.P.E.

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

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

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
 09 / 01 / 2007

Transaction ID: SA11C.17324

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Independent Insurance Agents & Brokers of America Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address 412 First Street SE Suite 300		Transaction ID: SA11C.17323
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. International Association of Fire Fighters FIREPAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.17355
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. International Union of Operating Engineers PEC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address 1125 17th Street NW		Transaction ID: SA11C.17343
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. JP Morgan Chase & Co. Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave. NW North Building Suite 250		Transaction ID: SA11C.17381
City Washington	State DC	Zip Code 20004
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Machinists Non-Partisan Political League General Fund		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 7
Mailing Address 9000 Machinist Place Suite 201		Transaction ID: SA11C.17376
City Upper Marlboro	State MD	Zip Code 20772
Amount of Each Receipt this Period 2500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Microsoft Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1401 Eye Street NW Suite 500		Transaction ID: SA11C.17360
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mike Ross for Congress Committee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 360		Transaction ID: SA11C.17364
City State Zip Code Prescott AR 71857	Amount of Each Receipt this Period 922.68	
FEC ID number of contributing federal political committee. C		In-kind - Catering Expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 922.68	

Full Name (Last, First, Middle Initial) B. Morgan Stanley PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 401 9th Street NW Suite 650		Transaction ID: SA11C.17366
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Morgan Stanley PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 401 9th Street NW Suite 650		Transaction ID: SA11C.17367
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4922.68
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
National Milk Producers Federation PAC

Mailing Address 2101 Wilson Boulevard
Suite 400

City Arlington State VA Zip Code 22201

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

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
09 / 12 / 2007

Transaction ID: SA11C.17339

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
National Pork Producers Council PORK PAC

Mailing Address 122 C Street NW
Suite 875

City Washington State DC Zip Code 20001

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

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
09 / 17 / 2007

Transaction ID: SA11C.17347

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314

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

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
09 / 12 / 2007

Transaction ID: SA11C.17346

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Nelnet Higher Education Access PAC

Mailing Address 1726 M Street NW
Suite 701

City State Zip Code
Washington DC 20036

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

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
07 / 12 / 2007

Transaction ID: SA11C.17311

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
North Carolina Farm Bureau FARMPAC

Mailing Address P.O. Box 27766

City State Zip Code
Raleigh NC 27611

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

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
07 / 23 / 2007

Transaction ID: SA11C.17315

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
North Carolina Pork Council PAC

Mailing Address 2300 Rexwoods Drive
Suite 340

City State Zip Code
Raleigh NC 27607

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2007

Transaction ID: SA11C.17314

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Physical Therapy PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2007
Mailing Address 1111 N. Fairfax Street		Transaction ID: SA11C.17320
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Pilgrims Pride Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 244 Perimeter Ctr Parkway NE		Transaction ID: SA11C.17331
City State Zip Code Atlanta GA 30346	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Pilgrims Pride Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address 244 Perimeter Ctr Parkway NE		Transaction ID: SA11C.17357
City State Zip Code Atlanta GA 30346	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Progress Energy Employees' Federal PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 7
Mailing Address 801 Pennsylvania Ave. NW Suite 250		Transaction ID: SA11C.17379
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Rain and Hail Insurance Society PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 9200 Northpark Drive Suite 300		Transaction ID: SA11C.17322
City State Zip Code Johnston IA 50131	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9500.00	

C. Full Name (Last, First, Middle Initial) Riceland Foods Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 927		Transaction ID: SA11C.17330
City State Zip Code Stuttgart AR 72160	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Securities Industry & Financial Markets Assn. PAC

Mailing Address 1425 K Street NW
Suite 700

City State Zip Code
Washington DC 20005

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

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 Y
09 / 28 / 2007

Transaction ID: SA11C.17371

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Smithfield Foods Inc. PAC

Mailing Address 499 Park Avenue
Suite 600

City State Zip Code
New York NY 10022

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2007

Transaction ID: SA11C.17353

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Southern Minnesota Beet Sugar Cooperative PAC - Federal

Mailing Address P.O. Box 500

City State Zip Code
Renville MN 56284

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2007

Transaction ID: SA11C.17354

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Stephens Inc. Federal PAC

Mailing Address 111 Center Street

City State Zip Code
Little Rock AR 72201

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

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
09 / 10 / 2007

Transaction ID: SA11C.17329

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Tyson Foods Inc. TYPAC

Mailing Address 2210 West Oaklawn Drive

City State Zip Code
Springdale AR 72762

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

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
09 / 10 / 2007

Transaction ID: SA11C.17327

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
UFCW Int'l. Union AFL-CIO/CLC Active Ballot Club

Mailing Address 1775 K Street NW

City State Zip Code
Washington DC 20006

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

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
09 / 26 / 2007

Transaction ID: SA11C.17359

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City Cleveland State OH Zip Code 44107

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

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
 08 / 09 / 2007

Transaction ID: SA11C.17319

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 655 15th Street NW Suite 410

City Washington State DC Zip Code 20005

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

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
 09 / 28 / 2007

Transaction ID: SA11C.17372

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Virginia Carolina's Peanut PAC

Mailing Address 412 First Street SE Suite One

City Washington State DC Zip Code 20003

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

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
 07 / 23 / 2007

Transaction ID: SA11C.17316

Amount of Each Receipt this Period
 500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Virginia Carolina's Peanut PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address 412 First Street SE Suite One		Transaction ID: SA11C.17341
City Washington	State DC	Amount of Each Receipt this Period 1500.00
Zip Code 20003	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Wal-Mart Stores Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007
Mailing Address 701 8th Street NW Suite 200		Transaction ID: SA11C.17344
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20001	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Wal-Mart Stores Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address 701 8th Street NW Suite 200		Transaction ID: SA11C.17356
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20001	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Western Peanut Growers PAC

Mailing Address P.O. Box 252

City State Zip Code
Seminole TX 79360

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

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
 09 / 12 / 2007

Transaction ID: SA11C.17333

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	80172.68

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 93
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
New Century Bank

Mailing Address P.O. Box 1988

City State Zip Code
Dunn NC 28335

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
24875.70

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2007

Transaction ID: SA15.17383

Amount of Each Receipt this Period
8741.72

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

B. Full Name (Last, First, Middle Initial)
New Century Bank

Mailing Address P.O. Box 1988

City State Zip Code
Dunn NC 28335

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
24886.55

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2007

Transaction ID: SA15.17382

Amount of Each Receipt this Period
10.85

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

SUBTOTAL of Receipts This Page (optional)	▶	8752.57
TOTAL This Period (last page this line number only)	▶	8752.57

**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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

<p>A. AT&T</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 9001309</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16883</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 107.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. AT&T</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 9001309</p> <p>City Louisville State KY Zip Code 40290</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16907</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 120.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Campaign Resources Inc.</p> <p>Full Name (Last, First, Middle Initial) Campaign Resources Inc.</p> <p>Mailing Address 308 E. Jones Street</p> <p>City Raleigh State NC Zip Code 27601</p> <p>Purpose of Disbursement PAC Consulting Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16861</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2727.83</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16862 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 308 E. Jones Street		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
City Raleigh State NC Zip Code 27601	Purpose of Disbursement In-District Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16863 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Administrative Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.16871 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601	Purpose of Disbursement PAC Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16872 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-District Fundraising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16873 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.16874 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAC Consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16875 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		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
City Raleigh State NC Zip Code 27601	Purpose of Disbursement In-District Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16876 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Administrative Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.16918 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27601	Purpose of Disbursement PAC Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16919 Date of Disbursement 09 / 17 / 2007
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 2000.00
City Raleigh State NC Zip Code 27601	Purpose of Disbursement In-District Fundraising	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16920 Date of Disbursement 09 / 17 / 2007
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 500.00
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Administrative Services	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.16926 Date of Disbursement 09 / 18 / 2007
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 104.20
City Raleigh State NC Zip Code 27601	Purpose of Disbursement Catering Exp.Reimb.	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2604.20
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16927 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 21.06
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Reimb. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16928 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 18.47
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Exp.Reimb. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Campaign Resources Inc.		Transaction ID: SB17.16929 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 439.20
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Exp.Reimb. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	478.73
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Campaign Resources Inc.		Transaction ID: SB17.16930 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 547.18
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimb.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources Inc.		Transaction ID: SB17.16931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 308 E. Jones Street		Amount of Each Disbursement this Period 414.00
City Raleigh State NC Zip Code 27601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Exp.Reimb.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: SB17.16959 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 14.27
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Telephone/Fax	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	975.45
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)

PAGE 75 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: SB17.16958 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 12.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement In-kind - Telephone/Fax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: SB17.17391 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 17.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement In-kind - Telephone/Fax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.16962 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1365.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1395.19
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DWD Software Development Corp.		Transaction ID: SB17.16963 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 710.98	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Computer Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.16964 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 445.12	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Mailing Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.16968 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1694.70	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2850.80
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DWD Software Development Corp.		Transaction ID: SB17.16969 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 1399.48	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Acct. Mgmt. Services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. DWD Software Development Corp.		Transaction ID: SB17.16970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 407.40	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Computer Services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. DWD Software Development Corp.		Transaction ID: SB17.16971 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7	
Mailing Address P.O. Box 28629		Amount of Each Disbursement this Period 124.80	
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Mailing Services Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶

1931.68

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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bob Etheridge		Transaction ID: SB17.16899 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 53.49
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meeting/Food Exp.Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bob Etheridge		Transaction ID: SB17.16900 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 10.00
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Ticket Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Etheridge		Transaction ID: SB17.16901 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address 1106 Summerville-Mamers		Amount of Each Disbursement this Period 124.16
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	187.65
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Franklin County Democratic Women		Transaction ID: SB17.16914 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 310 Edward Lane		Amount of Each Disbursement this Period 295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisburg State NC Zip Code 27549		
Purpose of Disbursement Event Ticket Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Harnett County Democratic Party		Transaction ID: SB17.16887 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 101 E. Front Street P.O. Box 1057		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546		
Purpose of Disbursement Event Tickets Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harnett County Schools		Transaction ID: SB17.16884 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 1029		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546		
Purpose of Disbursement Facility Rental Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	635.00
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 80 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Howard's Barbecue		Transaction ID: SB17.16886 Date of Disbursement 08 / 15 / 2007
Mailing Address P.O. Box 844 100 S. Main Street		Amount of Each Disbursement this Period 1806.19
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Howard's Barbecue		Transaction ID: SB17.16906 Date of Disbursement 09 / 14 / 2007
Mailing Address P.O. Box 844 100 S. Main Street		Amount of Each Disbursement this Period 1196.81
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Keyzer's		Transaction ID: SB17.16943 Date of Disbursement 09 / 24 / 2007
Mailing Address 91 Vreugdenhil Road		Amount of Each Disbursement this Period 965.00
City Pantego State NC Zip Code 27860	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3968.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lasting Printing & Graphics		Transaction ID: SB17.16950 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 1609.89
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lasting Printing & Graphics		Transaction ID: SB17.16882 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 19.22
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lasting Printing & Graphics		Transaction ID: SB17.16889 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 647.97
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2277.08
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 82 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lasting Printing & Graphics		Transaction ID: SB17.16924 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 733 W. Johnson Street Lower Level		Amount of Each Disbursement this Period 33.09
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lee County Democratic Party		Transaction ID: SB17.16909 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 5011		Amount of Each Disbursement this Period 150.00
City Sanford State NC Zip Code 27331	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress Committee		Transaction ID: SB17.16957 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 360		Amount of Each Disbursement this Period 922.68
City Prescott State AR Zip Code 71857	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Catering Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1105.77
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. NC Department of Revenue		Transaction ID: SB17.16917 Date of Disbursement 09 / 17 / 2007
Mailing Address P.O. Box 25000		Amount of Each Disbursement this Period 380.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27640	Category/ Type	
Purpose of Disbursement Estimated NC Income Tax Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. NC Fraternal Order of Police Lodge #46		Transaction ID: SB17.16905 Date of Disbursement 09 / 14 / 2007
Mailing Address P.O. Box 8214		Amount of Each Disbursement this Period 323.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rocky Mount State NC Zip Code 27804	Category/ Type	
Purpose of Disbursement Catering Expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Praigg & Praigg		Transaction ID: SB17.16941 Date of Disbursement 09 / 24 / 2007
Mailing Address 3622 Lyckan Parkway Suite 5008		Amount of Each Disbursement this Period 12.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Durham State NC Zip Code 27707	Category/ Type	
Purpose of Disbursement Tax Services Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	716.45
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Debbie Privette		Transaction ID: SB17.16860 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 1245		Amount of Each Disbursement this Period 303.90
City Zebulon State NC Zip Code 27597	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RBC Centura Bank		Transaction ID: SB17.16972 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 1100 West Broad Street		Amount of Each Disbursement this Period 15.00
City Dunn State NC Zip Code 28335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bankcard Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RBC Centura Bank		Transaction ID: SB17.16973 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 1100 West Broad Street		Amount of Each Disbursement this Period 15.00
City Dunn State NC Zip Code 28335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bankcard Fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	333.90
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. RBC Centura Bank		Transaction ID: SB17.16974 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Bankcard Fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="139.53"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RBC Centura Bank		Transaction ID: SB17.16975 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Printed Item Charge	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="61.10"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RBC Centura Bank		Transaction ID: SB17.16916 Date of Disbursement
Mailing Address 1100 West Broad Street		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Dunn	State NC	Zip Code 28335
Purpose of Disbursement Estimated Federal Income Tax	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="825.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1025.63"/>
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) J. Wayne Sears</p> <p>Mailing Address 3208 Cornwallis Drive</p> <p>City Rocky Mount State NC Zip Code 27804</p> <p>Purpose of Disbursement Catering Exp.Reimb.</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16867</p> <p>Date of Disbursement 07 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 225.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Shelton Golf Invitational</p> <p>Mailing Address NC State Box 7645</p> <p>City Raleigh State NC Zip Code 27695</p> <p>Purpose of Disbursement Event Tickets</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16885</p> <p>Date of Disbursement 08 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Carolinian</p> <p>Mailing Address P.O. Box 25308</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Ad Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16923</p> <p>Date of Disbursement 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 455.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

930.85

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 87 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Townhouse Associates LLC		Transaction ID: SB17.16953 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 106.00
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Catering	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: SB17.16864 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 1435.00
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 Postage	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: SB17.16888 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 492.00
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 Postage	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2033.00
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: SB17.16945 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 311 New Bern Avenue		Amount of Each Disbursement this Period 306.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27611		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.16869 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 105378		Amount of Each Disbursement this Period 45.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.16960 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 105378		Amount of Each Disbursement this Period 45.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30348		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	397.33
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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.16961 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 105378		Amount of Each Disbursement this Period 45.24
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 Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wake County Young Democrats		Transaction ID: SB17.16879 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 250.00
City Raleigh State NC Zip Code 27603	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Tickets Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard B. Wallace		Transaction ID: SB17.16965 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 192.84
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Exp.Reimb. Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	488.08
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 90 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Richard B. Wallace		Transaction ID: SB17.16966 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 40.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Food Exp.Reimb. Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Richard B. Wallace		Transaction ID: SB17.16967 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 2570.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Mileage Reimb. Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Richard B. Wallace		Transaction ID: SB17.16902 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 85 Oak Street		Amount of Each Disbursement this Period 96.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lillington State NC Zip Code 27546	Purpose of Disbursement Telephone Exp.Reimb. Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2707.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 93

<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)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Richard B. Wallace

Mailing Address 85 Oak Street

City Lillington State NC Zip Code 27546

Purpose of Disbursement
Mileage Reimb.
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16903
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

1435.61

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

46206.13

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 92 / 93

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: SB21.16944 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 21430.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited Transfer to Natl. Party Comm.		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Harnett County Democratic Party		Transaction ID: SB21.16951 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 101 E. Front Street P.O. Box 1057		Amount of Each Disbursement this Period 300.00
City Lillington State NC Zip Code 27546	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Non-Federal Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Johnston County Democratic Party		Transaction ID: SB21.16952 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 1064		Amount of Each Disbursement this Period 300.00
City Clayton State NC Zip Code 27528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Non-Federal Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	22030.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
BOB ETHERIDGE FOR CONGRESS COMMITTEE

A. Judge Jim Wynn Re-Election Committee

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1091

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.16894

Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

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

B. Larry Kissell for Congress

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209

Purpose of Disbursement
Contribution P06 DEBT- NC/08

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NC District: 08

Transaction ID: SB21.16870

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

25030.00