

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
McCrery for Congress Committee

ADDRESS (number and street) Post Office Box 52956
 Check if different than previously reported. (ACC)
Shreveport LA 71135

2. **FEC IDENTIFICATION NUMBER** C00220186
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
LA 4

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 Bobby E. Jelks

Signature of Treasurer Electronically Filed by Bobby E. Jelks Date 10 15 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

McCrery 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

	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)).....	179471.96	696351.74
(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)).....	179471.96	696351.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	92439.20	524668.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92439.20	524668.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	961141.97	
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
 McCrery 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).....

79604.60

262459.38

(ii) Unitemized.....

284.30

1509.30

(iii) TOTAL of contributions

79888.90

263968.68

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

99583.06

432383.06

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

179471.96

696351.74

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

3594.85

18452.91

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

183066.81

714804.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92439.20	524668.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	60000.00	265000.00
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.....	16973.99	46673.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	169413.19	836342.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	947488.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	183066.81
25. SUBTOTAL (add Line 23 and Line 24).....	1130555.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	169413.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	961141.97

**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 / 95
	<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	

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)
 McCrery for Congress Committee

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

Mailing Address 1932 Wynnton Road

City State Zip Code
 Columbus GA 31999

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22400

Amount of Each Receipt this Period
 5000.00

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

B. Full Name (Last, First, Middle Initial)
 Air Line Pilots Assoc. PAC

Mailing Address 1625 Massachusetts Avenue, NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

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 / 14 / 2007

Transaction ID: 71009.C22388

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
 American Surgical Hospital Assoc. PAC

Mailing Address 910 East 20th Street

City State Zip Code
 Sioux Falls SD 57105

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4000.00

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

Transaction ID: 71009.C22485

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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 / 95
	<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)
McCrary for Congress Committee

A. AMGEN PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1 Amgen Center Dr

City State Zip Code
Newbury Park CA 91320-1730

FEC ID number of contributing federal political committee. **C** C00251876

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 / 14 / 2007

Transaction ID: 71009.C22381

Amount of Each Receipt this Period
2500.00

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

B. ASHA PAC

Full Name (Last, First, Middle Initial)
Mailing Address 10801 Rockville Pike

City State Zip Code
Rockville MD 20852-3226

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22386

Amount of Each Receipt this Period
1000.00

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

C. BP American Political Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 1776 I Street, NW, Suite 1000

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00060103

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 / 14 / 2007

Transaction ID: 71009.C22395

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	5500.00
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 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
Capital One Associates PAC

Mailing Address 1680 Capital One Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 71009.C22479

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 100 N.E. Adams Street

City State Zip Code
Peoria IL 61629-1430

FEC ID number of contributing federal political committee. **C** C00148031

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 / 14 / 2007

Transaction ID: 71009.C22437

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address Post Office Box 6016

City State Zip Code
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

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 / 28 / 2007

Transaction ID: 71009.C22471

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **7500.00**

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 / 95
	<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)
 McCrery for Congress Committee

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

Mailing Address Post Office Box 6016

City State Zip Code
 San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5500.00

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

Transaction ID: 71009.C22472

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
 Cisco Systems E-PAC

Mailing Address 20 Park Rd Ste E

City State Zip Code
 Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C** C00362707

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 / 28 / 2007

Transaction ID: 71009.C22477

Amount of Each Receipt this Period
 3000.00

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

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

Mailing Address P.O. Box 20706

City State Zip Code
 Atlanta GA 30320

FEC ID number of contributing federal political committee. **C** C00076133

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 / 14 / 2007

Transaction ID: 71009.C22440

Amount of Each Receipt this Period
 3000.00

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

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial) Eastman Kodak Company Employee PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1250 H Street, NW, Suite 800		Transaction ID: 71009.C22412
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00297085		Receipt <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	

B. Full Name (Last, First, Middle Initial) EBay Inc. Committee for Reponsible Comm		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 228 S. Washington Street Suite 115		Transaction ID: 71009.C22396
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00342394		Receipt <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 ▼ 1500.00	

C. Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 6620 West Broad Street		Transaction ID: 71009.C22406
City State Zip Code Richmond VA 23230	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00404194		Receipt <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	

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:	PAGE 10 / 95
	(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)
McCrary for Congress Committee

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

Mailing Address Five Moore Drive

City State Zip Code
Durham NC 27709

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22379

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 1101 Pennsylvania Avenue, NW
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

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

Transaction ID: 71009.C22480

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Intl Council of Shopping Centers PAC

Mailing Address 1033 Farifax Street, Suite 404

City State Zip Code
Alexandria VA 22314-1540

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22397

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	5500.00
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 11 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Intl Council of Shopping Centers PAC

Mailing Address **1033 Farifax Street, Suite 404**

City **Alexandria** State **VA** Zip Code **22314-1540**

FEC ID number of contributing federal political committee. **C C00217638**

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 / 28 / 2007

Transaction ID: 71009.C22476

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address **1634 Eye Street, NW Suite 300**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00125641**

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 / 14 / 2007

Transaction ID: 71009.C22429

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address **1201 15th Street, NW Suite 300**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00246306**

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 / 14 / 2007

Transaction ID: 71009.C22398

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	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 12 / 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees Fund

Mailing Address 1350 Eye Street, NW, Suite 810

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22393

Amount of Each Receipt this Period
 5000.00

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

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

Mailing Address 201 St. Charles Avenue

City New Orleans State LA Zip Code 70170

FEC ID number of contributing federal political committee. **C** C00111534

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 / 14 / 2007

Transaction ID: 71009.C22423

Amount of Each Receipt this Period
 5000.00

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

C. Full Name (Last, First, Middle Initial)
Lincoln National Corporation PAC

Mailing Address 1455 Pennsylvania Avenue, NW, Suit

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00110577

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
 09 / 14 / 2007

Transaction ID: 71009.C22432

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marathon Oil Company Employees PAC

Mailing Address **1101 Pennsylvania, NW, Suite 510**

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

FEC ID number of contributing federal political committee. **C C00040568**

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 / 14 / 2007

Transaction ID: 71009.C22380

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life PAC

Mailing Address **701 Pennsylvania Avenue, NW, Suite**

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

FEC ID number of contributing federal political committee. **C C00118943**

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 / 14 / 2007

Transaction ID: 71009.C22389

Amount of Each Receipt this Period
3000.00

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

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

Mailing Address **1401 I St NW, Suite 500**

City **Washington** State **DC** Zip Code **20005-2225**

FEC ID number of contributing federal political committee. **C C00227546**

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
09 / 14 / 2007

Transaction ID: 71009.C22430

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 14 / 95
	(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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 National Business Aviation Assoc. PAC

Mailing Address **1200 Eighteenth Street, NW
 Suite 400**

City **Washington** State **DC** Zip Code **20036-2527**

FEC ID number of contributing federal political committee. **C C00319723**

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 / 14 / 2007

Transaction ID: 71009.C22402

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
 National Propane Gas Association PAC

Mailing Address **1150 17th Street, NW
 Suite 310**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00079681**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 71009.C22486

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address **325 Seventh Street, NW**

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

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22428

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 15 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
Premier Employees Civic Action Fund

Mailing Address **444 N. Capitol St., N.W., Suite 62**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00346288**

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 / 28 / 2007

Transaction ID: 71009.C22468

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address **711 High Street**

City **Des Moines** State **IA** Zip Code **50392**

FEC ID number of contributing federal political committee. **C C00128918**

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 / 14 / 2007

Transaction ID: 71009.C22436

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Safari Club International PAC

Mailing Address **4800 W. Gates Pass Road**

City **Tucson** State **AZ** Zip Code **85745**

FEC ID number of contributing federal political committee. **C C00122101**

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 / 28 / 2007

Transaction ID: 71009.C22473

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	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:	PAGE 16 / 95
	(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)
McCrary for Congress Committee

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

Mailing Address 3333 Beverly Road

City Hoffman Estates State IL Zip Code 60179

FEC ID number of contributing federal political committee. **C** C00038612

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
09 / 28 / 2007

Transaction ID: 71009.C22481

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Securities Industry&Financial Market PAC

Mailing Address 1425 K Street, NW 7th Floor

City Washington State DC Zip Code 20005-3500

FEC ID number of contributing federal political committee. **C** C00431312

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 / 14 / 2007

Transaction ID: 71009.C22392

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Solvay Pharm Better Govt Comm.

Mailing Address 901 Sawyer Rd

City Marietta State GA Zip Code 30062-2224

FEC ID number of contributing federal political committee. **C** C00381475

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 / 14 / 2007

Transaction ID: 71009.C22439

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 95
	(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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Southwest Airlines Co. Freedom Fund

Mailing Address Post Office Box 36611

City State Zip Code
 Dallas TX 75235

FEC ID number of contributing federal political committee. **C** C00341602

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
 09 / 14 / 2007

Transaction ID: 71009.C22399

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 20 Park Rd Ste E

City State Zip Code
 Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C** C00347229

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
 09 / 14 / 2007

Transaction ID: 71009.C22390

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
 Technology Network Federal PAC

Mailing Address 1717 Rhode Island Ave NW Ste 630

City State Zip Code
 Washington DC 20036-3025

FEC ID number of contributing federal political committee. **C** C00328369

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 83.06

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2007

Transaction ID: 70914.C22377

Amount of Each Receipt this Period
 83.06

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 inkind for staff time

SUBTOTAL of Receipts This Page (optional) ► **2083.06**

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 / 95
	<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)
McCrary for Congress Committee

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

Mailing Address 1 Tower Sq

City State Zip Code
Hartford CT 06183-0001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 71009.C22469

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Ave NW, Suite 80

City State Zip Code
Washington DC 20004-2514

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22403

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Triad Good Government Fund

Mailing Address 5800 Tennyson Parkway

City State Zip Code
Plano TX 75024

FEC ID number of contributing federal political committee. **C** C00347062

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 / 14 / 2007

Transaction ID: 71009.C22411

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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 19 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
UBS Americas Fund for Good Government

Mailing Address **1285 Avenue of the Americas, 14th**

City **New York** State **NY** Zip Code **10019**

FEC ID number of contributing federal political committee. **C C00012245**

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 / 14 / 2007

Transaction ID: 71009.C22426

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
United Airlines Inc. PAC

Mailing Address **Post Office Box 66423**

City **Amf Ohare** State **IL** Zip Code **60666**

FEC ID number of contributing federal political committee. **C C00078261**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22401

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address **701 Pennsylvania Avenue Suite 530**

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

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22387

Amount of Each Receipt this Period
1500.00

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

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

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 / 95
	<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)
McCrery for Congress Committee

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

Mailing Address **55 Glenlake Parkway**

City **Atlanta** State **GA** Zip Code **30328**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

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

Transaction ID: 71009.C22458

Amount of Each Receipt this Period
500.00

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

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

Mailing Address **1501 M Street, NW Suite 1100**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00167759**

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 / 14 / 2007

Transaction ID: 71009.C22391

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
 Wal-Mart Stores PAC

Mailing Address **702 SW 8th Street**

City **Bentonville** State **AR** Zip Code **72716-8071**

FEC ID number of contributing federal political committee. **C C00093054**

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 / 14 / 2007

Transaction ID: 71009.C22409

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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:	PAGE 21 / 95
	(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)
 McCrery for Congress Committee

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

Mailing Address 120 Monument Circle

City State Zip Code
 Indianapolis IN 46278

FEC ID number of contributing federal political committee.
C C00197228

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 / 28 / 2007

Transaction ID: 71009.C22478

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	99583.06

**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 / 95
	<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)
McCrary for Congress Committee

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

Mailing Address 101 E Cary St

City Richmond State VA Zip Code 23219-3734

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

Name of Employer Blue Heron Capital Occupation partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1104.60

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: 71009.C22487

Amount of Each Receipt this Period
1104.60

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

inkind for dinner

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

Mailing Address 18 Williamson St

City East Rockaway State NY Zip Code 11518-1919

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

Name of Employer New York Life Insurance Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 71009.C22467

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Vernon Chance

Mailing Address 430 Lloyd Lane

City Shreveport State LA Zip Code 71106

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

Name of Employer n/a Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: 71009.C22383

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2604.60
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 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Chris Christensen

Mailing Address 24901 Northwestern, #215

City State Zip Code
 Southfield MI 48075

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

Name of Employer
 Advanced Strategies Group

Occupation
 President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22431

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
 David Culley

Mailing Address 4187 Club Dr. NE

City State Zip Code
 Atlanta GA 30319

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

Name of Employer
 Nease, Lagana & Eden, Inc

Occupation
 Certified Life Underwriter

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 / 14 / 2007

Transaction ID: 71009.C22434

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
 Sheila Davidson

Mailing Address 45 E 9th St, Apt. 6/7

City State Zip Code
 New York NY 10003-6307

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

Name of Employer
 New York Life Insurance

Occupation
 Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

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

Transaction ID: 71009.C22482

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 95
	<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)
McCrery for Congress Committee

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

Mailing Address 2100 River Edge Parkway, Suite 200

City Atlanta State GA Zip Code 30328

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

Name of Employer Lagana & Eden Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22427

Amount of Each Receipt this Period
 900.00

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

B. Full Name (Last, First, Middle Initial)
 Kenneth Guidry

Mailing Address 1574 Highway 504

City Natchitoches State LA Zip Code 71457

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

Name of Employer Red River Waterway Commission Occupation Executive Director

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 / 14 / 2007

Transaction ID: 71009.C22408

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
 Brant Imperatore

Mailing Address 1275 Pennsylvania Ave., NW Tenth Floor

City Washington State DC Zip Code 20004

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

Name of Employer Barbour, Griffith & Rogers Occupation Principal

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 611.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22378

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
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 25 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Patricia Inman

Mailing Address 1314 Ballantrae Farm Dr

City State Zip Code
Mc Lean VA 22101-3028

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22444

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Patricia Inman

Mailing Address 1314 Ballantrae Farm Dr

City State Zip Code
Mc Lean VA 22101-3028

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22443

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1314 Ballantrae Farm Drive

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Information Requested Occupation Information Requested
NVR Mortgage President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22442

Amount of Each Receipt this Period
2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 William Inman

Mailing Address 1314 Ballantrae Farm Drive

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
 NVR Mortgage President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **4600.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 14 2007

Transaction ID: 71009.C22441

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
 Michael Jones

Mailing Address 2515 Bar Harbor Ct

City State Zip Code
Naperville IL 60564-8477

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

Name of Employer Occupation
 Sound ID CEO

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 14 2007

Transaction ID: 71009.C22416

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
 Roger Juneau

Mailing Address 134 Villere Dr

City State Zip Code
Destrehan LA 70047-2508

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

Name of Employer Occupation
 General Hearing Instruments President

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

Date of Receipt
 M M / D D / Y Y Y Y
09 14 2007

Transaction ID: 71009.C22413

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	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 27 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Karen Anne Kennedy

Mailing Address 12060 Ashland Way

City State Zip Code
Shreveport LA 71106

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22410

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Brian Kinnerk

Mailing Address 1 4th Ave N Apt 101

City State Zip Code
Minneapolis MN 55401-3305

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

Name of Employer Unitron Hearing US Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22418

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Andrew K. Maloney

Mailing Address 3020 Macomb Street, NW

City State Zip Code
Washington DC 20008

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

Name of Employer The Federalist Group Occupation Consultant

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: 71009.C22474

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Keryn Mathis

Mailing Address 14 Cole Dr

City Armonk State NY Zip Code 10504-3011

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

Name of Employer New York Life Insurance Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: 71009.C22463

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
Keryn Mathis

Mailing Address 14 Cole Dr

City Armonk State NY Zip Code 10504-3011

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

Name of Employer New York Life Insurance Occupation Executive

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 / 28 / 2007

Transaction ID: 71009.C22464

Amount of Each Receipt this Period
 200.00

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

C. Full Name (Last, First, Middle Initial)
William K. McConnell

Mailing Address Post Office Box 809

City Rayville State LA Zip Code 71269

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

Name of Employer Self-employed Occupation Prison Management

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 / 14 / 2007

Transaction ID: 71009.C22407

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Chris Mott

Mailing Address 631 Milam 101

City State Zip Code
 Shreveport LA 71101

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

Name of Employer Occupation
 Self-employed Dentist

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 / 14 / 2007

Transaction ID: 71009.C22404

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 Brian Murdock

Mailing Address 96 Husted Lane

City State Zip Code
 Greenwich CT 06830

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

Name of Employer Occupation
 New York Life Insurance Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

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

Transaction ID: 71009.C22459

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 Brian Murdock

Mailing Address 96 Husted Lane

City State Zip Code
 Greenwich CT 06830

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

Name of Employer Occupation
 New York Life Insurance Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4000.00

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

Transaction ID: 71009.C22462

Amount of Each Receipt this Period
 1700.00

Receipt
 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 30 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
George Nichols, III

Mailing Address 10010 Gary Rd

City Potomac State MD Zip Code 20854-4149

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

Name of Employer New York Life Insurance Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 71009.C22470

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 802 Trabue

City Shreveport State LA Zip Code 71106

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

Name of Employer Self-employed Occupation physician

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 / 14 / 2007

Transaction ID: 71009.C22382

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Reginald N. Rabjohns

Mailing Address 417 Pebblebrook Road

City Northbrook State IL Zip Code 60062-5512

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

Name of Employer New England Financial Occupation Managing Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22414

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 95
	<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)
 McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Ashok Rao

Mailing Address 5410 Briarcliff Circle

City State Zip Code
 Shreveport LA 71109

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

Name of Employer
 Self-employed

Occupation
 physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22415

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 John Roberts

Mailing Address 6413 Western Avenue, NW

City State Zip Code
 Washington DC 20015

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

Name of Employer
 Barbour, Griffith & Rogers

Occupation
 Vice 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
 09 / 14 / 2007

Transaction ID: 71009.C22419

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
 Jerome Ruzicka

Mailing Address 6600 Washington Ave S

City State Zip Code
 Eden Prairie MN 55344-3404

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

Name of Employer
 Starkey Labs

Occupation
 President

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 / 14 / 2007

Transaction ID: 71009.C22421

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 32 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Linda Saville

Mailing Address 9616 Brookmeadow Dr

City State Zip Code
Vienna VA 22182-4418

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22455

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Linda Saville

Mailing Address 9616 Brookmeadow Dr

City State Zip Code
Vienna VA 22182-4418

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22454

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Paul Saville

Mailing Address 9616 Brookmeadow Dr

City State Zip Code
Vienna VA 22182-4418

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

Name of Employer NVR Mortgage Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22456

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Paul Saville

Mailing Address 9616 Brookmeadow Dr

City State Zip Code
Vienna VA 22182-4418

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

Name of Employer Occupation
NVR Mortgage CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22457

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Dwight Schar

Mailing Address 505 S Flagler Dr Ste 900

City State Zip Code
West Palm Beach FL 33401-5948

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

Name of Employer Occupation
NVR Mortgage Chairman

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22450

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Dwight Schar

Mailing Address 505 S Flagler Dr Ste 900

City State Zip Code
West Palm Beach FL 33401-5948

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

Name of Employer Occupation
NVR Mortgage Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22451

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Martha Schar

Mailing Address 1300South Ocean Blvd.

City State Zip Code
Palm Beach FL 33480

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22452

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Martha Schar

Mailing Address 1300South Ocean Blvd.

City State Zip Code
Palm Beach FL 33480

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22453

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Jose Sequet

Mailing Address Post Office Box 60219

City State Zip Code
New Orleans LA 70160-0219

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

Name of Employer Pan-American Life Ins. Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22417

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **4800.00**

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 / 95
	<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)
 McCrery for Congress Committee

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

Mailing Address 12708 Greenbriar Rd

City State Zip Code
 Potomac MD 20854-6327

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

Name of Employer Occupation
 NVR Mortgage CFO

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

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22446

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
 Dennis Seremet

Mailing Address 12708 Greenbriar Rd

City State Zip Code
 Potomac MD 20854-6327

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

Name of Employer Occupation
 NVR Mortgage CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22445

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 Marcia Seremet

Mailing Address 12708 Greenbriar Rd

City State Zip Code
 Potomac MD 20854-6327

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

Name of Employer Occupation
 Information Requested Information Requested

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

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22448

Amount of Each Receipt this Period
 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 6900.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Marcia Seremet

Mailing Address 12708 Greenbriar Rd

City State Zip Code
Potomac MD 20854-6327

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22447

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Russell Smith

Mailing Address 22928 San Joaquin Dr E

City State Zip Code
Canyon Lake CA 92587-7831

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22449

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 16 Middle Beach Road

City State Zip Code
Madison CT 06443

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

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

Transaction ID: 71009.C22460

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5100.00**

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 / 95
	<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)
McCrary for Congress Committee

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

Mailing Address 16 Middle Beach Road

City Madison State CT Zip Code 06443

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

Name of Employer New York Life Insurance Occupation Executive

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 / 28 / 2007

Transaction ID: 71009.C22461

Amount of Each Receipt this Period
 700.00

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

B. Full Name (Last, First, Middle Initial)
Gay Stanley

Mailing Address P.O. Box 11887

City Alexandria State LA Zip Code 71315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22425

Amount of Each Receipt this Period
 200.00

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

C. Full Name (Last, First, Middle Initial)
Gay Stanley

Mailing Address P.O. Box 11887

City Alexandria State LA Zip Code 71315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22424

Amount of Each Receipt this Period
 2300.00

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

SUBTOTAL of Receipts This Page (optional)	3200.00
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 / 95
	<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)
 McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 H.K. Stanley

Mailing Address P.O. Box 11887

City State Zip Code
 Alexandria LA 71315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22422

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
 H.K. Stanley

Mailing Address P.O. Box 11887

City State Zip Code
 Alexandria LA 71315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22435

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
 H.K. Stanley

Mailing Address P.O. Box 11887

City State Zip Code
 Alexandria LA 71315

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007

Transaction ID: 71009.C22420

Amount of Each Receipt this Period
 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 39 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 Sy Sternberg

Mailing Address 9 Stoneleigh Manor Ln

City State Zip Code
 Purchase NY 10577-2232

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

Name of Employer Occupation
 New York Life Insurance CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

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

Transaction ID: 71009.C22466

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
 Sy Sternberg

Mailing Address 9 Stoneleigh Manor Ln

City State Zip Code
 Purchase NY 10577-2232

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

Name of Employer Occupation
 New York Life Insurance CEO

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: 71009.C22465

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 Elena Tompkins

Mailing Address 3042 Dent PI NW

City State Zip Code
 Washington DC 20007-2915

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

Name of Employer Occupation
 Ogilvy Government Relations Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

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

Transaction ID: 71009.C22475

Amount of Each Receipt this Period
 1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 95
	<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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
E. Hardy Vaughn

Mailing Address **PO Box 532017**

City **Orlando** State **FL** Zip Code **32853-2017**

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

Name of Employer **Vaughn Group** Occupation **Certified Life Underwriter**

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 / 14 / 2007

Transaction ID: 71009.C22394

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Warren T. Wamberg

Mailing Address **102 S. Wynstone Park Drive**

City **Barrington** State **IL** Zip Code **60010-6967**

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

Name of Employer **Clark/Bardes Consulting** Occupation **CEO**

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 / 14 / 2007

Transaction ID: 71009.C22438

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Juan Watkins

Mailing Address **7717 Creswell Road #7**

City **Shreveport** State **LA** Zip Code **71106**

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

Name of Employer **Self-employed** Occupation **physician**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: 71009.C22483

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 95
	<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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bruce Williams

Mailing Address 437 Dunmoreland Circle

City State Zip Code
Shreveport LA 71106

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

Name of Employer Self-employed
Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22384

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Williams

Mailing Address 437 Dunmoreland Circle

City State Zip Code
Shreveport LA 71106

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

Name of Employer Self-employed
Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22405

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Bruce Williams

Mailing Address 437 Dunmoreland Circle

City State Zip Code
Shreveport LA 71106

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

Name of Employer Self-employed
Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2007

Transaction ID: 71009.C22433

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	79604.60

**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 / 95
	<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) Capital One		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 333 Travis Street		Transaction ID: 70815.C22373	
City State Zip Code Shreveport LA 71101-	Amount of Each Receipt this Period 1207.08		
FEC ID number of contributing federal political committee. C	Interest Received <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) ▼ 10485.59		

Full Name (Last, First, Middle Initial) Capital One		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007	
Mailing Address 333 Travis Street		Transaction ID: 70914.C22375	
City State Zip Code Shreveport LA 71101-	Amount of Each Receipt this Period 1211.35		
FEC ID number of contributing federal political committee. C	Interest Received <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) ▼ 11696.94		

Full Name (Last, First, Middle Initial) Capital One		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 333 Travis Street		Transaction ID: 71009.C22488	
City State Zip Code Shreveport LA 71101-	Amount of Each Receipt this Period 1176.42		
FEC ID number of contributing federal political committee. C	Interest Received <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) ▼ 12873.36		

SUBTOTAL of Receipts This Page (optional) ▶	3594.85
TOTAL This Period (last page this line number only) ▶	3594.85

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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. A Piece of Cake		Transaction ID: 70815.E6738 Date of Disbursement 07 / 25 / 2007
Mailing Address 171 Albany Ave		Amount of Each Disbursement this Period 217.20
City Shreveport State LA Zip Code 71105-2101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE	
Purpose of Disbursement event catering expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Artspace		Transaction ID: 70815.E6736 Date of Disbursement 07 / 25 / 2007
Mailing Address 710 Texas St		Amount of Each Disbursement this Period 2340.00
City Shreveport State LA Zip Code 71101-3514	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT RENTAL EXPENSE	
Purpose of Disbursement event rental expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Artspace		Transaction ID: 70914.E6809 Date of Disbursement 08 / 23 / 2007
Mailing Address 710 Texas St		Amount of Each Disbursement this Period 147.00
City Shreveport State LA Zip Code 71101-3514	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT RENTAL EXPENSE	
Purpose of Disbursement event rental expense Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2704.20
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)

PAGE 44 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Barbour, Griffith & Rogers LLC		Transaction ID: 70815.E6727 Date of Disbursement 07 / 05 / 2007	
Mailing Address PO Box 14416		Amount of Each Disbursement this Period 250.00	
City Washington State DC Zip Code 20044-4416	Purpose of Disbursement event rental expense Candidate Name	003 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EVENT RENTAL EXPENSE		

Full Name (Last, First, Middle Initial) B. Mr. Jerry Beach		Transaction ID: 70914.E6794 Date of Disbursement 08 / 15 / 2007	
Mailing Address 828 Robinhood St		Amount of Each Disbursement this Period 600.00	
City Shreveport State LA Zip Code 71106-2016	Purpose of Disbursement event music expense Candidate Name	003 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EVENT MUSIC EXPENSE		

Full Name (Last, First, Middle Initial) C. Beaucoup		Transaction ID: 70914.E6828 Date of Disbursement 08 / 15 / 2007	
Mailing Address 635 W Campbell Rd Ste 308		Amount of Each Disbursement this Period 158.45	
City Richardson State TX Zip Code 75080-3327	Purpose of Disbursement event decor expense Candidate Name	003 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ EVENT DECOR EXPENSE		

SUBTOTAL of Disbursements This Page (optional) ▶	1008.45
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 45 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Beaucoup		Transaction ID: 70914.E6826 Date of Disbursement MM / DD / YYYY 08 / 15 / 2007
Mailing Address 635 W Campbell Rd Ste 308		Amount of Each Disbursement this Period 306.45
City Richardson State TX Zip Code 75080-3327	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event decor expense Candidate Name	Category/Type 003	EVENT DECOR EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Beaucoup		Transaction ID: 70914.E6827 Date of Disbursement MM / DD / YYYY 08 / 15 / 2007
Mailing Address 635 W Campbell Rd Ste 308		Amount of Each Disbursement this Period 1991.05
City Richardson State TX Zip Code 75080-3327	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event decor expense Candidate Name	Category/Type 003	EVENT DECOR EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Beaucoup		Transaction ID: 71009.E6883 Date of Disbursement MM / DD / YYYY 09 / 27 / 2007
Mailing Address 635 W Campbell Rd Ste 308		Amount of Each Disbursement this Period 62.95
City Richardson State TX Zip Code 75080-3327	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event decor expense Candidate Name	Category/Type 003	EVENT DECOR EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2360.45
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 46 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70815.E6763 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 220.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Purpose of Disbursement monthly phone service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY PHONE SERVICE

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 70815.E6769 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 214.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Purpose of Disbursement monthly phone service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY PHONE SERVICE

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: 70914.E6821 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 56.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-0144	Purpose of Disbursement monthly phone service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	491.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70914.E6822 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 217.27
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly phone service	Candidate Name	MONTHLY PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 71009.E6908 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 217.74
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly phone service	Candidate Name	MONTHLY PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: 71009.E6877 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 54.10
City Atlanta State GA Zip Code 30374-0144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly phone service	Candidate Name	MONTHLY PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	489.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 71009.E6885 Date of Disbursement 09 / 27 / 2007	
Mailing Address Post Office Box 740144		Amount of Each Disbursement this Period 53.99	
City Atlanta State GA Zip Code 30374-0144	Purpose of Disbursement monthly phone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	MONTHLY PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tom Benedetti		Transaction ID: 71009.C22487IK Date of Disbursement 07 / 30 / 2007	
Mailing Address 101 E Cary St		Amount of Each Disbursement this Period 1104.60	
City Richmond State VA Zip Code 23219-3734	Purpose of Disbursement INKIND FOR DINNER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	IN KIND: INKIND FOR DINNER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bistro 6301		Transaction ID: 71009.E6875 Date of Disbursement 09 / 27 / 2007	
Mailing Address 6301 Line Ave		Amount of Each Disbursement this Period 280.32	
City Shreveport State LA Zip Code 71106-3231	Purpose of Disbursement event catering expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	EVENT CATERING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1438.91
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Bistro Bis		Transaction ID: 70914.E6840 Date of Disbursement 08 / 15 / 2007
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 796.00
City Washington State DC Zip Code 20001-1501	Purpose of Disbursement event catering expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

Full Name (Last, First, Middle Initial) B. Broadmoor Florist		Transaction ID: 70815.E6743 Date of Disbursement 07 / 25 / 2007
Mailing Address 3803 Youree Drive		Amount of Each Disbursement this Period 798.21
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement event florist expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FLORIST EXPENSE

Full Name (Last, First, Middle Initial) C. Capital Grille		Transaction ID: 70815.E6773 Date of Disbursement 07 / 05 / 2007
Mailing Address 601 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 1440.00
City Washington State DC Zip Code 20004-	Purpose of Disbursement event catering expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	3034.21
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Capital Grille		Transaction ID: 70815.E6775 Date of Disbursement 07 / 05 / 2007
Mailing Address 601 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 1799.99
City Washington State DC Zip Code 20004-	Purpose of Disbursement event catering expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

Full Name (Last, First, Middle Initial) B. Capital Grille		Transaction ID: 71009.E6868 Date of Disbursement 09 / 27 / 2007
Mailing Address 601 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 1565.08
City Washington State DC Zip Code 20004-	Purpose of Disbursement event catering expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

Full Name (Last, First, Middle Initial) C. Capital One		Transaction ID: 70815.E6778 Date of Disbursement 07 / 11 / 2007
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 2.24
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement bank charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK CHARGE

SUBTOTAL of Disbursements This Page (optional)	3367.31
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Capital One		Transaction ID: 70815.E6735 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 1250.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES

Full Name (Last, First, Middle Initial) B. Capital One		Transaction ID: 70914.E6782 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2007
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement cash for event tips Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CASH FOR EVENT TIPS

Full Name (Last, First, Middle Initial) C. Capital One		Transaction ID: 70914.E6799 Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 1306.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	2896.95
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 52 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Capital One		Transaction ID: 71009.E6876 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 126.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement finance charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FINANCE CHARGE

Full Name (Last, First, Middle Initial) B. Capital One		Transaction ID: 71009.E6855 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 333 Travis Street		Amount of Each Disbursement this Period 1296.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES

Full Name (Last, First, Middle Initial) C. Carey International, Inc.		Transaction ID: 70815.E6772 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 171.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1594.24
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)

PAGE 53 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Carey International, Inc.		Transaction ID: 70815.E6771 Date of Disbursement 07 / 05 / 2007
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 105.64
City Washington State DC Zip Code 20016-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70815.E6744 Date of Disbursement 07 / 25 / 2007
Mailing Address Post Office Box 8229		Amount of Each Disbursement this Period 69.69
City Aurora State IL Zip Code 60572-8229	Purpose of Disbursement monthly blackberry service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY BLACKBERRY SERVICE

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70914.E6806 Date of Disbursement 08 / 23 / 2007
Mailing Address Post Office Box 8229		Amount of Each Disbursement this Period 267.12
City Aurora State IL Zip Code 60572-8229	Purpose of Disbursement monthly blackberry service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY BLACKBERRY SERVICE

SUBTOTAL of Disbursements This Page (optional)	442.45
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 71009.E6858 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2007
Mailing Address Post Office Box 8229		Amount of Each Disbursement this Period 261.29
City Aurora State IL Zip Code 60572-8229	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly blackberry service	Candidate Name	MONTHLY BLACKBERRY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comcast Cable		Transaction ID: 70815.E6751 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 6529 Quilen Road		Amount of Each Disbursement this Period 133.91
City Shreveport State LA Zip Code 71108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly service	Candidate Name	MONTHLY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comcast Cable		Transaction ID: 70914.E6797 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2007
Mailing Address 6529 Quilen Road		Amount of Each Disbursement this Period 141.91
City Shreveport State LA Zip Code 71108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly service	Candidate Name	MONTHLY SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	537.11
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)

PAGE 55 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Comcast Cable		Transaction ID: 71009.E6850 Date of Disbursement 09 / 27 / 2007
Mailing Address 6529 Quilen Road		Amount of Each Disbursement this Period 130.91
City Shreveport State LA Zip Code 71108-	Purpose of Disbursement monthly service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY SERVICE

Full Name (Last, First, Middle Initial) B. Elizabeth Delaney		Transaction ID: 70815.E6758 Date of Disbursement 07 / 30 / 2007
Mailing Address 2712 Wisconsin Avenue, NW Apartment 408		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20007-	Purpose of Disbursement fundraising consultant fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTANT FEE

Full Name (Last, First, Middle Initial) C. Elizabeth Delaney		Transaction ID: 70914.E6807 Date of Disbursement 08 / 23 / 2007
Mailing Address 2712 Wisconsin Avenue, NW Apartment 408		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20007-	Purpose of Disbursement fundraising consultant fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTANT FEE

SUBTOTAL of Disbursements This Page (optional) ▶	6130.91
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Elizabeth Delaney		Transaction ID: 71009.E6863 Date of Disbursement 09 / 27 / 2007
Mailing Address 2712 Wisconsin Avenue, NW Apartment 408		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising consultant fee Candidate Name	Category/Type 003	FUNDRAISING CONSULTANT FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 70914.E6816 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 50.00
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense Candidate Name	Category/Type 002	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70914.E6818 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 725.60
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense Candidate Name	Category/Type 002	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3775.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70914.E6817 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 70914.E6814 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 357.60
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 70914.E6815 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 447.50
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	815.10
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6896 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 699.80
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense Candidate Name	002 Category/Type	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6901 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 747.31
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense Candidate Name	002 Category/Type	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6903 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 20.00
City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense Candidate Name	002 Category/Type	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1467.11
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6899 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 699.80
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6891 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6888 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 319.60
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1029.40
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6892 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 947.61
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6890 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 367.60
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6900 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 20.00
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1335.21
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 61 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6904 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 16.04
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6902 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 442.80
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6889 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 319.60
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	778.44
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6893 Date of Disbursement 09 / 27 / 2007	
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 10.00	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6887 Date of Disbursement 09 / 27 / 2007	
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 319.60	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6897 Date of Disbursement 09 / 27 / 2007	
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 699.80	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	TRAVEL EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1029.40
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 71009.E6898 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 20.00
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 71009.E6895 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 20.00
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 71009.E6894 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 45007		Amount of Each Disbursement this Period 8.49
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement travel expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	48.49
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 64 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Embassy Suites		Transaction ID: 70815.E6725 Date of Disbursement 07 / 05 / 2007
Mailing Address 1881 Curtis St		Amount of Each Disbursement this Period 100.00
City Denver State CO Zip Code 80202-1902	Purpose of Disbursement lodging expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LODGING EXPENSE

Full Name (Last, First, Middle Initial) B. Embassy Suites		Transaction ID: 71009.E6879 Date of Disbursement 09 / 27 / 2007
Mailing Address 1881 Curtis St		Amount of Each Disbursement this Period 974.21
City Denver State CO Zip Code 80202-1902	Purpose of Disbursement lodging expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LODGING EXPENSE

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70815.E6729 Date of Disbursement 07 / 05 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 37.96
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶	1112.17
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 65 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70815.E6746 Date of Disbursement MM / DD / YYYY 07 / 25 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 42.04
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	Category/Type 001	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70815.E6756 Date of Disbursement MM / DD / YYYY 07 / 30 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 22.13
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	Category/Type 001	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70914.E6783 Date of Disbursement MM / DD / YYYY 08 / 15 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 19.98
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	Category/Type 001	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	84.15
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 71009.E6859 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 22.33
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 71009.E6845 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 44465		Amount of Each Disbursement this Period 20.06
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING

Full Name (Last, First, Middle Initial) C. First Revenue Service		Transaction ID: 70815.E6730 Date of Disbursement 07 / 05 / 2007
Mailing Address PO Box 5818		Amount of Each Disbursement this Period 260.26
City Denver State CO Zip Code 80217-5818	Purpose of Disbursement cell phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	302.65
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Fort Myer Commissary		Transaction ID: 70815.E6777 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 523 Carpenter Road		Amount of Each Disbursement this Period 128.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft Myer State VA Zip Code 22211-	Purpose of Disbursement event catering expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING EXPENSE

Full Name (Last, First, Middle Initial) B. Freedom Cab		Transaction ID: 70815.E6723 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7
Mailing Address 6030 Smith Rd		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80216-4630	Purpose of Disbursement cab expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAB EXPENSE

Full Name (Last, First, Middle Initial) C. Freedom Cab		Transaction ID: 70815.E6724 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 7
Mailing Address 6030 Smith Rd		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80216-4630	Purpose of Disbursement cab expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAB EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	328.01
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Britney George		Transaction ID: 70815.E6722 Date of Disbursement 07 / 05 / 2007	
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 200.00	
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement travel reimbursement Candidate Name	Category/Type 002 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) B. Britney George		Transaction ID: 70815.E6732 Date of Disbursement 07 / 05 / 2007	
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 1221.56	
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement salary Candidate Name	Category/Type 001 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SALARY

Full Name (Last, First, Middle Initial) C. Britney George		Transaction ID: 70815.E6755 Date of Disbursement 07 / 25 / 2007	
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 1221.56	
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement salary Candidate Name	Category/Type 001 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	2643.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Britney George		Transaction ID: 70914.E6798 Date of Disbursement 08 / 15 / 2007
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 2443.10
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

Full Name (Last, First, Middle Initial) B. Britney George		Transaction ID: 70914.E6804 Date of Disbursement 08 / 23 / 2007
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 30.56
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement mileage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE

Full Name (Last, First, Middle Initial) C. Britney George		Transaction ID: 71009.E6848 Date of Disbursement 09 / 27 / 2007
Mailing Address 6418 Soda Point Drive		Amount of Each Disbursement this Period 2443.10
City Shreveport State LA Zip Code 71107-	Purpose of Disbursement salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	4916.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Johnnys Half Shell		Transaction ID: 70914.E6841 Date of Disbursement 08 / 15 / 2007
Mailing Address 400 North Capitol St, NW		Amount of Each Disbursement this Period 200.00
City Washington State DC Zip Code 20001-	Purpose of Disbursement event deposit Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT DEPOSIT

Full Name (Last, First, Middle Initial) B. Johnnys Half Shell		Transaction ID: 71009.E6910 Date of Disbursement 09 / 27 / 2007
Mailing Address 400 North Capitol St, NW		Amount of Each Disbursement this Period 1158.50
City Washington State DC Zip Code 20001-	Purpose of Disbursement event catering expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 71009.E6874 Date of Disbursement 09 / 27 / 2007
Mailing Address 400 North Capitol St, NW		Amount of Each Disbursement this Period 164.90
City Washington State DC Zip Code 20001-	Purpose of Disbursement event catering expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1523.40
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Johnnys Half Shell		Transaction ID: 71009.E6869 Date of Disbursement 09 / 27 / 2007	
Mailing Address 400 North Capitol St, NW		Amount of Each Disbursement this Period 878.02	
City Washington State DC Zip Code 20001-	Purpose of Disbursement event catering expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) B. Mr. Jeremy Kilpatrick		Transaction ID: 70914.E6781 Date of Disbursement 08 / 15 / 2007	
Mailing Address 10340 Highway 1		Amount of Each Disbursement this Period 172.50	
City Shreveport State LA Zip Code 71115-9512	Purpose of Disbursement event valet expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT VALET EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) C. Ms. Sarah Kueker		Transaction ID: 70815.E6740 Date of Disbursement 07 / 25 / 2007	
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 110.10	
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement mileage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	1160.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Sarah Kueker		Transaction ID: 70815.E6741 Date of Disbursement 07 / 25 / 2007	
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 1551.52	
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Ms. Sarah Kueker		Transaction ID: 70914.E6802 Date of Disbursement 08 / 23 / 2007	
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 1689.17	
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Ms. Sarah Kueker		Transaction ID: 70914.E6803 Date of Disbursement 08 / 23 / 2007	
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 101.85	
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement mileage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	3342.54
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 73 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Sarah Kueker		Transaction ID: 71009.E6862 Date of Disbursement 09 / 27 / 2007
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 101.85
City Shreveport State LA Zip Code 71105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mileage Candidate Name	Category/Type 001	MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Sarah Kueker		Transaction ID: 71009.E6861 Date of Disbursement 09 / 27 / 2007
Mailing Address 1938 Bayou Drive		Amount of Each Disbursement this Period 1665.23
City Shreveport State LA Zip Code 71105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name	Category/Type 001	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Labor Leader		Transaction ID: 71009.E6867 Date of Disbursement 09 / 27 / 2007
Mailing Address Post Office Box 477		Amount of Each Disbursement this Period 395.00
City Shreveport State LA Zip Code 71162-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising Candidate Name	Category/Type 004	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2162.08
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)

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Doug LaCaze		Transaction ID: 70914.E6780 Date of Disbursement 08 / 15 / 2007
Mailing Address 10340 Highway 1		Amount of Each Disbursement this Period 172.50
City Shreveport State LA Zip Code 71115-	Purpose of Disbursement event valet expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT VALET EXPENSE

Full Name (Last, First, Middle Initial) B. LA Department Of Revenue And Taxation		Transaction ID: 70815.E6734 Date of Disbursement 07 / 09 / 2007
Mailing Address Post Office Box 91017		Amount of Each Disbursement this Period 519.00
City Baton Rouge State LA Zip Code 70821-9017	Purpose of Disbursement taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES

Full Name (Last, First, Middle Initial) C. Moreman, Moore & Company		Transaction ID: 70815.E6757 Date of Disbursement 07 / 30 / 2007
Mailing Address 820 Jordan Street, # 400		Amount of Each Disbursement this Period 420.00
City Shreveport State LA Zip Code 71101-	Purpose of Disbursement event insurance expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT INSURANCE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1111.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Mystick Krewe of Louisianians, Inc.		Transaction ID: 70815.E6752 Date of Disbursement 07 / 25 / 2007
Mailing Address 1919 Connecticut Avenue, NW		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DUES
City Washington State DC Zip Code 20006-		
Purpose of Disbursement DUES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 70815.E6764 Date of Disbursement 07 / 05 / 2007
Mailing Address 1708 East 70th Street		Amount of Each Disbursement this Period 19.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
City Shreveport State LA Zip Code 71105-		
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70914.E6784 Date of Disbursement 08 / 15 / 2007
Mailing Address 1708 East 70th Street		Amount of Each Disbursement this Period 69.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
City Shreveport State LA Zip Code 71105-		
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	789.25
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 76 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 70914.E6836 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 6634 Youree Drive		Amount of Each Disbursement this Period 143.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. On Site PC Service		Transaction ID: 70914.E6796 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address Post Office Box 5791		Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71135-	Purpose of Disbursement computer service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SERVICE

Full Name (Last, First, Middle Initial) C. On Site PC Service		Transaction ID: 71009.E6857 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 5791		Amount of Each Disbursement this Period 191.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71135-	Purpose of Disbursement computer service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	419.79
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Peacock Productions LLC		Transaction ID: 70815.E6731 Date of Disbursement 07 / 05 / 2007
Mailing Address 6285 Hidden Valley Dr		Amount of Each Disbursement this Period 3532.10
City La Plata State MD Zip Code 20646-3361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event catering expense	Category/Type 003	EVENT CATERING EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Brad Pinkston		Transaction ID: 71009.E6860 Date of Disbursement 09 / 27 / 2007
Mailing Address 6351 Shady Brook Ln Apt 2236		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75206-1440	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement computer consultant fee	Category/Type 003	COMPUTER CONSULTANT FEE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Pitney Bowes		Transaction ID: 70815.E6728 Date of Disbursement 07 / 05 / 2007
Mailing Address 6301 Westport Avenue		Amount of Each Disbursement this Period 223.72
City Shreveport State LA Zip Code 71129-2415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office equipment	Category/Type 001	OFFICE EQUIPMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	8755.82
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 78 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Practicing Law Institute		Transaction ID: 71009.E6907 Date of Disbursement 09 / 27 / 2007
Mailing Address 810 7th Ave		Amount of Each Disbursement this Period 1695.00
City New York State NY Zip Code 10019-5863	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel conference expense	Candidate Name	TRAVEL CONFERENCE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Practicing Law Institute		Transaction ID: 71009.E6906 Date of Disbursement 09 / 27 / 2007
Mailing Address 810 7th Ave		Amount of Each Disbursement this Period 1695.00
City New York State NY Zip Code 10019-5863	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel conference expense	Candidate Name	TRAVEL CONFERENCE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Purchase Power		Transaction ID: 70815.E6742 Date of Disbursement 07 / 25 / 2007
Mailing Address Post Office Box 856042		Amount of Each Disbursement this Period 39.99
City Louisville State KY Zip Code 40285-6042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mail meter lease	Candidate Name	MAIL METER LEASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3429.99
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Querbes-Coleman No. 1		Transaction ID: 70815.E6749 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 207 Milam Street, Suite C		Amount of Each Disbursement this Period 1226.67
City Shreveport State LA Zip Code 71101-7226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office lease payment Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE LEASE PAYMENT

Full Name (Last, First, Middle Initial) B. Querbes-Coleman No. 1		Transaction ID: 70914.E6795 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 207 Milam Street, Suite C		Amount of Each Disbursement this Period 1226.67
City Shreveport State LA Zip Code 71101-7226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office lease payment Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE LEASE PAYMENT

Full Name (Last, First, Middle Initial) C. Querbes-Coleman No. 1		Transaction ID: 71009.E6849 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 207 Milam Street, Suite C		Amount of Each Disbursement this Period 1226.67
City Shreveport State LA Zip Code 71101-7226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office lease payment Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE LEASE PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶	3680.01
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)

PAGE 80 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Bill Rehak		Transaction ID: 70914.E6790 Date of Disbursement 08 / 15 / 2007
Mailing Address c/o Caddo Parish Sheriffs Office 501 Texas Street		Amount of Each Disbursement this Period 125.00
City Shreveport State LA Zip Code 71101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event security Candidate Name	003 Category/Type	EVENT SECURITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Andy Scoggins		Transaction ID: 70914.E6789 Date of Disbursement 08 / 15 / 2007
Mailing Address c/o Caddo Parish Sheriffs Office 501 Texas Street		Amount of Each Disbursement this Period 125.00
City Shreveport State LA Zip Code 71101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event security Candidate Name	003 Category/Type	EVENT SECURITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shavers Catering		Transaction ID: 70914.E6793 Date of Disbursement 08 / 15 / 2007
Mailing Address 3900 Youree Drive		Amount of Each Disbursement this Period 3390.00
City Shreveport State LA Zip Code 71105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event catering expense Candidate Name	003 Category/Type	EVENT CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3640.00
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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Silver Lake Ballroom		Transaction ID: 71009.E6856 Date of Disbursement 09 / 27 / 2007
Mailing Address 900 Market St		Amount of Each Disbursement this Period 500.00
City Shreveport State LA Zip Code 71101-3745	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event rental expense Candidate Name	003 Category/Type	EVENT RENTAL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. State Farm Insurance		Transaction ID: 70815.E6748 Date of Disbursement 07 / 25 / 2007
Mailing Address 22 State Farm Drive		Amount of Each Disbursement this Period 333.29
City Monroe State LA Zip Code 71208-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement insurance Candidate Name	001 Category/Type	INSURANCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Superior Bar & Grill		Transaction ID: 70815.E6768 Date of Disbursement 07 / 05 / 2007
Mailing Address 6123 Line Avenue		Amount of Each Disbursement this Period 90.91
City Shreveport State LA Zip Code 71106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event catering expense Candidate Name	003 Category/Type	EVENT CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	924.20
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Superiors Steakhouse		Transaction ID: 70815.E6761 Date of Disbursement 07 / 05 / 2007
Mailing Address 655 Pierremont Road		Amount of Each Disbursement this Period 211.56
City Shreveport State LA Zip Code 71105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event catering expense Candidate Name	003 Category/Type	EVENT CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Congressional Club		Transaction ID: 70815.E6745 Date of Disbursement 07 / 25 / 2007
Mailing Address 2001 New Hampshire Avenue, NW		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event catering expense Candidate Name	003 Category/Type	EVENT CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Paper Tulip		Transaction ID: 70815.E6739 Date of Disbursement 07 / 25 / 2007
Mailing Address 4700 Line Avenue, Suite 111		Amount of Each Disbursement this Period 2397.89
City Shreveport State LA Zip Code 71106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement printing expense Candidate Name	003 Category/Type	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3109.45
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. The Radio Group		Transaction ID: 70914.E6801 Date of Disbursement 08 / 23 / 2007
Mailing Address 208 North Thomas Drive		Amount of Each Disbursement this Period 1200.00
City Shreveport State LA Zip Code 71107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising Candidate Name	004 Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Radio Group		Transaction ID: 70914.E6800 Date of Disbursement 08 / 23 / 2007
Mailing Address 208 North Thomas Drive		Amount of Each Disbursement this Period 1200.00
City Shreveport State LA Zip Code 71107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising Candidate Name	004 Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Unishippers		Transaction ID: 70815.E6726 Date of Disbursement 07 / 05 / 2007
Mailing Address 116 Summit Dr		Amount of Each Disbursement this Period 78.23
City Benton State LA Zip Code 71006-9393	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	001 Category/Type	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2478.23
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)
McCrery for Congress Committee

A. Unishippers Full Name (Last, First, Middle Initial) Mailing Address 116 Summit Dr City Benton State LA Zip Code 71006-9393 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70815.E6747 Date of Disbursement 07 / 25 / 2007 Amount of Each Disbursement this Period 77.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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B. Unishippers Full Name (Last, First, Middle Initial) Mailing Address 116 Summit Dr City Benton State LA Zip Code 71006-9393 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70914.E6791 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 55.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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C. Unishippers Full Name (Last, First, Middle Initial) Mailing Address 116 Summit Dr City Benton State LA Zip Code 71006-9393 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71009.E6864 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 119.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	251.96
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 85 / 95

<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)
McCrery for Congress Committee

A. Unishippers Full Name (Last, First, Middle Initial) Mailing Address 116 Summit Dr City Benton State LA Zip Code 71006-9393 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71009.E6846 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 12.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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B. United Media Corporation Full Name (Last, First, Middle Initial) Mailing Address 3788 Veterans Memorial Boulevard City Metairie State LA Zip Code 70002- Purpose of Disbursement advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71009.E6847 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
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C. USPS-Southfield Station Full Name (Last, First, Middle Initial) Mailing Address 100 E. 70th Street City Shreveport State LA Zip Code 71105- Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70914.E6833 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	602.52
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Washington Golf Centers		Transaction ID: 70815.E6776 Date of Disbursement
Mailing Address 2625 Shirlington Road		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Arlington	State VA	Zip Code 22206-
Purpose of Disbursement EVENT RENTAL EXPENSE	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="1400.00"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT RENTAL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Washington Hilton and Towers		Transaction ID: 71009.E6866 Date of Disbursement
Mailing Address 1919 Connecticut Avenue, NW		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20009-
Purpose of Disbursement travel expense	<input type="text" value="002"/>	Amount of Each Disbursement this Period <input type="text" value="200.00"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Westin		Transaction ID: 70815.E6762 Date of Disbursement
Mailing Address 601 S College St		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Charlotte	State NC	Zip Code 28202-1829
Purpose of Disbursement travel expense	<input type="text" value="002"/>	Amount of Each Disbursement this Period <input type="text" value="338.56"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1938.56"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Wiley Rein, LLP		Transaction ID: 70815.E6754 Date of Disbursement 07 / 25 / 2007
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20006-	Purpose of Disbursement legal fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES

Full Name (Last, First, Middle Initial) B. Wiley Rein, LLP		Transaction ID: 70914.E6810 Date of Disbursement 08 / 23 / 2007
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 2000.30
City Washington State DC Zip Code 20006-	Purpose of Disbursement legal fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES

Full Name (Last, First, Middle Initial) C. Wireless Unlimited		Transaction ID: 70815.E6766 Date of Disbursement 07 / 05 / 2007
Mailing Address 6658 Youree Drive		Amount of Each Disbursement this Period 86.87
City Shreveport State LA Zip Code 71105-	Purpose of Disbursement cell phone equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶	4087.17
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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Wireless Unlimited		Transaction ID: 70914.E6838 Date of Disbursement
Mailing Address 6658 Youree Drive		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Shreveport	State LA	Zip Code 71105-
Purpose of Disbursement equipment expense	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="21.71"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EQUIPMENT EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Wireless Unlimited		Transaction ID: 70914.E6830 Date of Disbursement
Mailing Address 6658 Youree Drive		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City Shreveport	State LA	Zip Code 71105-
Purpose of Disbursement cellular expense	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="325.79"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Wireless Unlimited		Transaction ID: 71009.E6881 Date of Disbursement
Mailing Address 6658 Youree Drive		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Shreveport	State LA	Zip Code 71105-
Purpose of Disbursement equipment expense	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="67.33"/>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EQUIPMENT EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="414.83"/>
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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
Yellow Cab Company of DC, Inc.

Mailing Address 1636 Bladenberg Road, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71009.E6865
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

300.00

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

TRAVEL EXPENSE

B. Full Name (Last, First, Middle Initial)
Ms. Kelly Dieter

Mailing Address 450 Massachusetts Ave NW Apt 1315

City Washington State DC Zip Code 20001-6229

Purpose of Disbursement
event babysitting expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70914.E6812
Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

500.00

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

EVENT BABYSITTING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

90783.33

**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 / 95

<input type="checkbox"/> 17	<input checked="" 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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Mike Strain for Ag Commissioner		Transaction ID: 71015.E6911 Date of Disbursement 08 / 20 / 2007
Mailing Address PO Box 897		Amount of Each Disbursement this Period 298.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Abita Springs State LA Zip Code 70420-0897	Purpose of Disbursement inkind contribution for letterh Candidate Name Category/Type 011	
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. National Republican Congressional Cmte.		Transaction ID: 71009.E6852 Date of Disbursement 09 / 27 / 2007
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 25000.00 <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 transfer of excess campaign fun Candidate Name Category/Type 011	
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. National Republican Congressional Cmte.		Transaction ID: 71009.E6851 Date of Disbursement 09 / 27 / 2007
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 10000.00 <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 transfer of excess campaign fun Candidate Name Category/Type 011	
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) ▶	35298.01
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 95

<input type="checkbox"/>	17	<input checked="" 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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Republican Party of Louisiana

Mailing Address 11440 North Lake Sherwood Ave.

City Baton Rouge State LA Zip Code 70816-

Purpose of Disbursement transfer of excess campaign fun

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 70914.E6779

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	7

Amount of Each Disbursement this Period

25000.00

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

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

60298.01

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 95

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Duncan D. Hunter For Congress		Transaction ID: 70815.E6737 Date of Disbursement 07 / 25 / 2007
Mailing Address PO Box 3917		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City La Mesa	State CA	
Zip Code 91944-3917		
Purpose of Disbursement contribution to candidate commi Candidate Name DUNCAN D HUNTER Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Evergreen Baptist Church		Transaction ID: 70914.E6792 Date of Disbursement 08 / 15 / 2007
Mailing Address Post Office Box 3083		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport	State LA	
Zip Code 71133-		
Purpose of Disbursement donation Candidate Name Category/Type 012		
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. Gingerbread House		Transaction ID: 70914.E6808 Date of Disbursement 08 / 23 / 2007
Mailing Address 513 Jordan Street		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport	State LA	
Zip Code 71101-		
Purpose of Disbursement donation Candidate Name Category/Type 012		
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) ▶	1600.00
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 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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Junior League of Shreveport/Bossier		Transaction ID: 70815.E6753 Date of Disbursement 07 / 25 / 2007
Mailing Address 520 Olive Street Suite B204		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71104-	Purpose of Disbursement donation Candidate Name Category/Type 012	
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. Mike Strain for Ag Commissioner		Transaction ID: 71009.E6853 Date of Disbursement 09 / 27 / 2007
Mailing Address PO Box 897		Amount of Each Disbursement this Period 4701.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Abita Springs State LA Zip Code 70420-0897	Purpose of Disbursement donation to state candidate com Candidate Name Category/Type 011	
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. Multicultural Center of the South		Transaction ID: 71009.E6873 Date of Disbursement 09 / 27 / 2007
Mailing Address 401 Texas St		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shreveport State LA Zip Code 71101-3521	Purpose of Disbursement donation Candidate Name Category/Type 012	
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) ▶	8501.99
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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)
McCrary for Congress Committee

Full Name (Last, First, Middle Initial) A. Northwest LA Economic Development		Transaction ID: 70815.E6733 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 400 Edwards St		Amount of Each Disbursement this Period 500.00
City Shreveport State LA Zip Code 71101-6101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation Candidate Name		012 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. Red River Revel		Transaction ID: 71009.E6854 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 101 Crockett Street		Amount of Each Disbursement this Period 5000.00
City Shreveport State LA Zip Code 71101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation Candidate Name		012 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. Shreveport Bossier Community Renewal		Transaction ID: 70914.E6811 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1700 Buckner Street, Suite 240		Amount of Each Disbursement this Period 250.00
City Shreveport State LA Zip Code 71101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation Candidate Name		012 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) ▶	5750.00
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)

PAGE 95 / 95

<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)
McCrery for Congress Committee

Full Name (Last, First, Middle Initial) A. Shreveport Bossier Rescue Mission		Transaction ID: 71009.E6872 Date of Disbursement
Mailing Address Post Office Box 3949		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Shreveport	State LA	Zip Code 71133-
Purpose of Disbursement donation	<input type="text" value="012"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="500.00"/>
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) B. ThinkFirst		Transaction ID: 71009.E6871 Date of Disbursement
Mailing Address 960 Sheridan Ave Ste A		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Shreveport	State LA	Zip Code 71104-2106
Purpose of Disbursement donation	<input type="text" value="012"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="475.00"/>
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

SUBTOTAL of Disbursements This Page (optional)

975.00

TOTAL This Period (last page this line number only)

16826.99