

# 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  
MCHENRY FOR CONGRESS

ADDRESS (number and street) PO BOX 1406  
 Check if different than previously reported. (ACC)  
HICKORY NC 28603

2. **FEC IDENTIFICATION NUMBER** C00393629  
**CITY** STATE ZIP CODE STATE DISTRICT  
IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NC 10

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 Catherine McHenry Rains  
Signature of Treasurer Electronically Filed by Catherine McHenry Rains Date 11 26 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

MCHENRY FOR CONGRESS

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

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	165775.30	469706.23
(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)).....	165775.30	469706.23
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	130164.76	374551.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	812.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	130064.76	373739.35
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	198443.82	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	90500.00	

**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

Write or Type Committee Name  
MCHENRY FOR CONGRESS

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).....

58112.14

160073.82

(ii) Unitemized.....

11878.00

29964.00

(iii) TOTAL of contributions

69990.14

190037.82

from individuals..... ▶

0.00

103.00

(b) Political Party Committees.....

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

95785.16

279565.41

(d) The Candidate.....

0.00

0.00

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

165775.30

469706.23

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.).....

100.00

812.00

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

0.00

0.00

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

165875.30

470518.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	130164.76	374551.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	25.00	61150.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	130189.76	435701.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	162758.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	165875.30
25. SUBTOTAL (add Line 23 and Line 24).....	328633.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	130189.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	198443.82

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 98
	(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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Assn of Nurse Anesthetists

Mailing Address 412 1st St SE Ste 12

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2007

Transaction ID: 71014.C6511

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American College of Radiology Assn. PAC

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

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  
07 / 30 / 2007

Transaction ID: 71014.C6515

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)  
American College of Radiology Assn. PAC

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

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 / 17 / 2007

Transaction ID: 71014.C6657

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Council of Engineering Co PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2007
Mailing Address 1015 15th Street, NW #802		Transaction ID: 71014.C6485
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00010868	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. American Institute of CPAs PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007
Mailing Address Palladian Corporate Center 220 Leigh Farm Road		Transaction ID: 71014.C6549
City Durham State NC Zip Code 27707-8110	FEC ID number of contributing federal political committee. <b>C</b> C00077321	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. American Resort Development Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2007
Mailing Address 1201 15th St NW FI 4		Transaction ID: 71014.C6486
City Washington State DC Zip Code 20005-2842	FEC ID number of contributing federal political committee. <b>C</b> C00129932	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 5825.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Society of Anesthesiologists		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 520 N Northwest Hwy		Transaction ID: 71014.C6656
City Park Ridge	State IL	Amount of Each Receipt this Period 1500.00
Zip Code 60068-2538	FEC ID number of contributing federal political committee. C C00255752	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. American Society of Anesthesiologists		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007
Mailing Address 520 N Northwest Hwy		Transaction ID: 71014.C6655
City Park Ridge	State IL	Amount of Each Receipt this Period 2000.00
Zip Code 60068-2538	FEC ID number of contributing federal political committee. C C00255752	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 ▼ 6500.00	

Full Name (Last, First, Middle Initial) C. Anheuser-Busch Political Action Cmmttee.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007
Mailing Address 1 Busch PI # 202-5		Transaction ID: 71014.C6473
City Saint Louis	State MO	Amount of Each Receipt this Period 1000.00
Zip Code 63118-1849	FEC ID number of contributing federal political committee. C C00034488	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 ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2007	
Mailing Address 175 E Houston St Rm 7-A-50		Transaction ID: 71014.C6568	
City State Zip Code San Antonio TX 78205-2255	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 175 E Houston St Rm 7-A-50		Transaction ID: 71014.C6678	
City State Zip Code San Antonio TX 78205-2255	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bachus for Congress</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2007	
Mailing Address PO Box 131134		Transaction ID: 71014.C6465	
City State Zip Code Birmingham AL 35213	Amount of Each Receipt this Period 871.20		
FEC ID number of contributing federal political committee. <b>C</b> C00260547		In-kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 871.20		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-kind - Food & Beverage		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2371.20
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Bachus for Congress

Mailing Address PO Box 131134

City Birmingham State AL Zip Code 35213

FEC ID number of contributing federal political committee. **C** C00260547

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1371.20

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: 71014.C6466

Amount of Each Receipt this Period  
500.00

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

In-kind - Fundraising Services

**B.** Full Name (Last, First, Middle Initial)  
Bank of America Corp. Federal PAC

Mailing Address 100 N TRYON STREET

City Charlotte State NC Zip Code 28255-0001

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	7

Transaction ID: 71014.C6498

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)  
Citigroup Inc. Political Action Cmmttee.

Mailing Address 1101 Pennsylvania Ave NW Ste 1000

City Washington State DC Zip Code 20004-2524

FEC ID number of contributing federal political committee. **C** C00008474

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
0	8	/	0	6	/	2	0	0	7

Transaction ID: 71014.C6532

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 98
	<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)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Council Of Insurance Agents & Brokers		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2007	
Mailing Address 701 Pennsylvania Ave NW Ste 750 Suite 750		<b>Transaction ID:</b> 71014.C6489	
City State Zip Code Washington DC 20004-2661		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00039578		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 ▼ 4000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Countrywide Financial Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2007	
Mailing Address 1717 Pennsylvania Ave NW # 625		<b>Transaction ID:</b> 71014.C6567	
City State Zip Code Washington DC 20006-4614		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00282731		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>C.</b> Full Name (Last, First, Middle Initial) Credit Suisse Securities Gov Action Fund		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address 1155 21st St NW Ste 300		<b>Transaction ID:</b> 70711.C6379	
City State Zip Code Washington DC 20036-3312		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00111559		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 ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 601 Pennsylvania Avenue Nw South Building Suite 600b		Transaction ID: 71014.C6573
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> DCI Pac		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 1828 L St NW Ste 400 Suite 400		Transaction ID: 71014.C6757
City State Zip Code Washington DC 20036-5115	Amount of Each Receipt this Period 613.96	
FEC ID number of contributing federal political committee. <b>C</b> C00412395		In-kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  In-kind: Event Food & Beverage
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 613.96	

Full Name (Last, First, Middle Initial) <b>C.</b> Deloitte & Touche Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address PO Box 365		Transaction ID: 71014.C6488
City State Zip Code Washington DC 20044-0365	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00211318		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4613.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 98
	<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)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ernst & Young Political Action Committee

Mailing Address 1225 Connecticut Ave NW Ste 800

City Washington State DC Zip Code 20036-2604

FEC ID number of contributing federal political committee. **C** C00227744

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
0	7	/	2	3	/	2	0	0	7

**Transaction ID:** 71014.C6487

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)  
Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

**Transaction ID:** 71014.C6504

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)  
Exxon Mobil Corporation-Mobil PAC

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

**Transaction ID:** 71014.C6544

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9500.00
<b>TOTAL</b> 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 / 98
	<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)  
**MCHENRY FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Phil Gramm		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address PO Box 963		<b>Transaction ID:</b> 71014.C6599
City State Zip Code Dallas TX 75221-0963	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00253971		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) General Electric Company PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 1299 Pennsylvania Ave NW Ste 1100		<b>Transaction ID:</b> 71014.C6499
City State Zip Code Washington DC 20004-2414	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00024869		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>C.</b> Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007
Mailing Address 6620 W Broad St		<b>Transaction ID:</b> 71014.C6675
City State Zip Code Richmond VA 23230-1716	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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 / 98
	(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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Goldman Sachs Political Action Committee

Mailing Address 1101 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2529

FEC ID number of contributing federal political committee. **C** C00265124

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 16 / 2007

**Transaction ID:** 71014.C6463

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)  
Growth & Prosperity PAC

Mailing Address 2610 Ridge Road Dr

City Alexandria State VA Zip Code 22302-2831

FEC ID number of contributing federal political committee. **C** C00393629

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  
 07 / 16 / 2007

**Transaction ID:** 71014.C6460

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)  
Holland & Knight Cmte for Effective Gov.

Mailing Address 2099 Pennsylvania Ave NW

City Washington State DC Zip Code 20006-6800

FEC ID number of contributing federal political committee. **C** C00171330

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  
 08 / 27 / 2007

**Transaction ID:** 71014.C6569

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) ..... ► **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 15 / 98
	<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)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) ICI Pac Mailing Address 1401 H St NW # 1200 #1200 City Washington State DC Zip Code 20005-2110 FEC ID number of contributing federal political committee. <b>C</b> C00105981 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		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71014.C6590 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	4		2	0	0	7													

<b>B.</b> Full Name (Last, First, Middle Initial) KPMG Partners/Principals & Employees Mailing Address PO Box 18254 City Washington State DC Zip Code 20036-8254 FEC ID number of contributing federal political committee. <b>C</b> C00280222 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71014.C6459 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	6		2	0	0	7													

<b>C.</b> Full Name (Last, First, Middle Initial) Leboeuf, Lamb, Greene, & Macrae PAC Mailing Address 125 W 55th St City New York State NY Zip Code 10019-5369 FEC ID number of contributing federal political committee. <b>C</b> C00217885 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		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71014.C6502 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	6		2	0	0	7													

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 16 / 98
	<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)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Liberty Mutual Insurance Company-PAC

Mailing Address 175 Berkeley Steet

City State Zip Code  
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2007

**Transaction ID:** 71014.C6540

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)  
Manufactured Housing Institute PAC

Mailing Address 2101 Wilson Blvd Ste 610

City State Zip Code  
Arlington VA 22201-3040

FEC ID number of contributing federal political committee. **C** C00043463

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  
08 / 21 / 2007

**Transaction ID:** 71014.C6561

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)  
Merrill Lynch & Co. Inc. PAC

Mailing Address 1455 Pennsylvania Ave NW FI NORTH3  
North Tower - 31st Floor

City State Zip Code  
Washington DC 20004-1008

FEC ID number of contributing federal political committee. **C** C00040550

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 71014.C6508

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 98
	<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)  
MCHENRY FOR CONGRESS

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

Mailing Address 1585 Broadway 39th Floor

City State Zip Code  
New York NY 10036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

**Transaction ID:** 71014.C6755

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)  
Mortgage Bankers Association Of America

Mailing Address 1919 Pennsylvania Avenue Nw

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

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

**Transaction ID:** 71014.C6536

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)  
National Assn. of Mortgage Brokers PAC

Mailing Address 7900 Westpark Dr Ste T309

City State Zip Code  
Mc Lean VA 22102-4233

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

**Transaction ID:** 71014.C6462

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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 18 / 98
	(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

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

NAME OF COMMITTEE (In Full)  
**MCHENRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Association of Realtors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address <b>430 N. Michigan Ave.</b>		<b>Transaction ID: 71014.C6534</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60611</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C C00030718</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Online Lenders Alliance PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2007	
Mailing Address <b>725 S. EMerson St.</b>		<b>Transaction ID: 70711.C6427</b>	
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80209</b>	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. <b>C C00427781</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>C. Plumbing Heating Cooling Contractors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address <b>180 S Washington St</b>		<b>Transaction ID: 71014.C6676</b>	
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22046-2900</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C C00393629</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4300.00</b>
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) PricewaterhouseCoopers PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1301 K St NW Ste 800 Suite 800 West		<b>Transaction ID:</b> 71126.C6946
City Washington State DC Zip Code 20005-3317	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107235		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 ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) PricewaterhouseCoopers PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1301 K St NW Ste 800 Suite 800 West		<b>Transaction ID:</b> 71126.C6944
City Washington State DC Zip Code 20005-3317	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107235		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) PricewaterhouseCoopers PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1301 K St NW Ste 800 Suite 800 West		<b>Transaction ID:</b> 71126.C6945
City Washington State DC Zip Code 20005-3317	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00107235		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 98
	<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)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Prudential Financial PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 751 Broad St		Transaction ID: 71014.C6563	
City Clifton	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 07012-3777		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00127779			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. R.J. Reynolds Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address PO Box 718		Transaction ID: 71014.C6564	
City Winston Salem	State NC	Amount of Each Receipt this Period 2500.00	
Zip Code 27102-0718		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00042002			
Name of Employer	Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00		

Full Name (Last, First, Middle Initial) <b>C. Real Estate Investment Trusts PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 1875 I St NW Ste 600		Transaction ID: 71014.C6461	
City Washington	State DC	Amount of Each Receipt this Period 2500.00	
Zip Code 20006-5413		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b> C00303339			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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 / 98
	(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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Safari Club International PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 4800 W Gates Pass Rd		<b>Transaction ID: 71014.C6506</b>
City State Zip Code Tucson AZ 85745-9600	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00122101</b>		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	

Full Name (Last, First, Middle Initial) <b>B. Securities Industry Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 1425 K Street NW 7th Floor		<b>Transaction ID: 71014.C6512</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00067504</b>		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 ▼ 4500.00	

Full Name (Last, First, Middle Initial) <b>C. Sonnenschein PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007
Mailing Address 1301 K St NW Suite 600, East Tower		<b>Transaction ID: 71014.C6505</b>
City State Zip Code Washington DC 20005-3307	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00216127</b>		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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 98
	<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)  
MCHENRY FOR CONGRESS

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

Mailing Address Five Moore Drive  
Research Triangle

City State Zip Code  
Durham NC 27709

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

Transaction ID: 71014.C6497

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)  
Trucking Political Action Committee

Mailing Address 430 1st St SE

City State Zip Code  
Washington DC 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 71014.C6677

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)  
Ubs Americas Fund For Better Government

Mailing Address 1285 Avenue Of The Americas

City State Zip Code  
New York NY 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 ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2007

Transaction ID: 71014.C6514

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 / 98
	<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)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
UPSPAC

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 71014.C6550

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)  
Wachovia Corp. Employees Good Govt Com.

Mailing Address 301 SOUTH COLLEGE STREET

City Charlotte State NC Zip Code 28288-0001

FEC ID number of contributing federal political committee. **C** C00012518

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 70711.C6373

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 Inc. PAC for Responsible

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

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 ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 71014.C6507

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> 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 24 / 98
	(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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Washington Political Action Committee

Full Name (Last, First, Middle Initial)  
Mailing Address 444 N Capitol St NW Ste 345  
Ste 345

City State Zip Code  
Washington DC 20001-1538

FEC ID number of contributing federal political committee. **C** C00138560

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2007

Transaction ID: 71014.C6501

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.** Wells Fargo Employee PAC

Full Name (Last, First, Middle Initial)  
Mailing Address Wells Fargo Center MAC N9305 084  
Sixth & Marquette

City State Zip Code  
Minneapolis MN 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2007

Transaction ID: 71014.C6533

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	95785.16



# 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 4637 9th St NE

City State Zip Code  
Hickory NC 28601-7305

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

Name of Employer Occupation  
Piedmont Pathology Associates Pathologist

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 / 17 / 2007

Transaction ID: 71014.C6652

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)  
Todd Baustert

Mailing Address 1757 Preston Rd

City State Zip Code  
Alexandria VA 22302-2126

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

Name of Employer Occupation  
DCI Group, LLC Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6679

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)  
Romona Bell

Mailing Address 238 Valleyview Dr

City State Zip Code  
Forest City NC 28043-4107

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

Name of Employer Occupation  
Garner Webb University Librarian

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2007

Transaction ID: 70711.C6420

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ken Bortner

Mailing Address 7 Stokes Farm Rd

City State Zip Code  
Old Tappan NJ 07675-7008

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

Name of Employer Occupation  
Rutherford Plantation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 70711.C6372

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 228 Sherwood Pines Dr

City State Zip Code  
Mooreville NC 28115-4290

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

Name of Employer Occupation  
Self Employed Anesthesiologist

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 / 17 / 2007

Transaction ID: 71014.C6653

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)  
Matthew Bright

Mailing Address 135 J Morgan St

City State Zip Code  
Forest City NC 28043-3252

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

Name of Employer Occupation  
Self Employed Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2007

Transaction ID: 71014.C6528

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Jeffery Cernuto

Mailing Address 158 W Maranta Rd

City State Zip Code  
Mooreville NC 28117

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

Name of Employer Occupation  
Princeton Management Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2007

Transaction ID: 70713.C6430

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)  
Robert Collett

Mailing Address 509 W Union St

City State Zip Code  
Morganton NC 28655-4305

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

Name of Employer Occupation  
Collett & Associates Real Estate Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4300.00

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

Transaction ID: 71014.C6518

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)  
Robert Collett

Mailing Address 509 W Union St

City State Zip Code  
Morganton NC 28655-4305

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

Name of Employer Occupation  
Collett & Associates Real Estate Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

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

Transaction ID: 71014.C6517

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3600.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Daniel Combs

Mailing Address 1703 Asoleado Ln

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
DCI Group, LLC Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6689

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)  
Grady Crouse

Mailing Address PO Box 11019

City State Zip Code  
Hickory NC 28603

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

Name of Employer Occupation  
Al Crouse and Associates Insurance

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2007

Transaction ID: 71014.C6593

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)  
Lewis Curlee

Mailing Address 524 Bonview Ave

City State Zip Code  
Lincolnton NC 28092-2004

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

Name of Employer Occupation  
None Retired Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 71014.C6520

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 2803 W 140th St.

City State Zip Code  
Shawnee Mission KS 66224

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

Name of Employer Occupation  
GenevaRoth President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2007

Transaction ID: 70711.C6426

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)  
Douglas Davenport

Mailing Address 2366 King Pl Nw

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
DCI Group, LLC Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6692

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)  
Douglas Davenport

Mailing Address 2366 King Pl Nw

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
DCI Group, LLC Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
789.14

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

Transaction ID: 71014.C6747

Amount of Each Receipt this Period  
289.14

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

Inkind: Event Beverages

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1789.14**

**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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Gary Davies</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address 2035 Forest Dr E		Transaction ID: 70711.C6394	
City State Zip Code Charlotte NC 28211-2162	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation JDH Capital Real Estate Developer	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald Digby</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1812 Kendrick Rd		Transaction ID: 71014.C6724	
City State Zip Code Gastonia NC 28056-6656	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation None Retired	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Peggy Dimperio</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2007	
Mailing Address 123 Sailview Rd		Transaction ID: 71014.C6481	
City State Zip Code Mooresville NC 28117-7560	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation ADG Owner	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 7226 Booth

City State Zip Code  
Shawnee Mission KS 66208

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

Name of Employer Occupation  
Smith Haynes & Watson Principal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2007

Transaction ID: 70711.C6424

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 Duralia

Mailing Address 431 44th Avenue Dr NW

City State Zip Code  
Hickory NC 28601-9017

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2007

Transaction ID: 71014.C6617

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 915 Honeywood Ln

City State Zip Code  
Gastonia NC 28056-7025

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

Name of Employer Occupation  
Caromont Health Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

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

Transaction ID: 71014.C6633

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Elmer Earle

Mailing Address 1576 Forum Lane

City Iron Station State NC Zip Code 28080

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
200.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2007

Transaction ID: 70711.C6303

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elmer Earle

Mailing Address 1576 Forum Lane

City Iron Station State NC Zip Code 28080

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
300.00

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

Transaction ID: 71014.C6610

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Catherine Eusebio

Mailing Address 206 Vauxhall Dr

City Shelby State NC Zip Code 28150

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
200.00

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

Transaction ID: 71014.C6754

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) ..... ▶ **400.00**

**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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**MCHENRY FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angela Flood</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 4667 Longstreet Ln Apt 105 Apt. 105		Transaction ID: 71014.C6683
City State Zip Code Alexandria VA 22311-4938	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer DCI Group, LLC	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William Gaither</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 136 Stutts Rd		Transaction ID: 71014.C6562
City State Zip Code Mooresville NC 28117-6402	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Newport Properties	Occupation Realtor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 4130 Moorland Dr		Transaction ID: 71014.C6450
City State Zip Code Charlotte NC 28226-1136	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Goodwill Publishing	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Al Geissele

Mailing Address 535 7th St NW

City State Zip Code  
Hickory NC 28601-3517

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

Name of Employer Occupation  
Carolina Orthopedics Orthopaedic Surgeon

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 / 17 / 2007

Transaction ID: 71014.C6654

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)  
Boyd George

Mailing Address 1820 4th St. Pl. NW

City State Zip Code  
Hickory NC 28601-8635

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

Name of Employer Occupation  
Alex Lee, Inc 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 Y  
09 / 26 / 2007

Transaction ID: 71014.C6671

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)  
Boyd George

Mailing Address 1820 4th St. Pl. NW

City State Zip Code  
Hickory NC 28601-8635

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

Name of Employer Occupation  
Alex Lee, Inc Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

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

Transaction ID: 71014.C6672

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5100.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Elin George

Mailing Address 1820 4th Street PI NW

City State Zip Code  
Hickory NC 28601-8635

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: 71014.C6673

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)  
Elin George

Mailing Address 1820 4th Street PI NW

City State Zip Code  
Hickory NC 28601-8635

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: 71014.C6674

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)  
Douglas Goodyear

Mailing Address 4321 E. North Lane

City State Zip Code  
Phoenix AZ 85028

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

Name of Employer DCI Group, LLC Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 71014.C6688

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) ..... ▶ **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 36 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Laura Gutman

Mailing Address 310 Watts St

City State Zip Code  
Durham NC 27701-2039

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2007

Transaction ID: 71014.C6441

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Laura Gutman

Mailing Address 310 Watts St

City State Zip Code  
Durham NC 27701-2039

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 71014.C6577

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bobby Hall

Mailing Address 2210 Arthur Stewart Dr

City State Zip Code  
Morganton NC 28655-9434

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2007

Transaction ID: 70711.C6311

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Bobby Hall

Mailing Address 2210 Arthur Stewart Dr

City State Zip Code  
Morganton NC 28655-9434

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

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

Transaction ID: 71014.C6713

Amount of Each Receipt this Period  
75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lynda Harmon

Mailing Address 324 N Mulberry St

City State Zip Code  
Statesville NC 28677-3950

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2007

Transaction ID: 70713.C6428

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)  
Brian Hearon

Mailing Address 240 21st Avenue Dr NW

City State Zip Code  
Hickory NC 28601-1864

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

Name of Employer Hickory Cardiology Assoc Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

Transaction ID: 71014.C6572

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	825.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Beth Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 4617 21st Street Ct NE		Transaction ID: 71014.C6660
City State Zip Code Hickory NC 28601-1785	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation Medical Transcriptionist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 4617 21st Street Ct NE		Transaction ID: 70711.C6416
City State Zip Code Hickory NC 28601-1785	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Western Piedmont Anesthesia	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 4617 21st Street Ct NE		Transaction ID: 71014.C6543
City State Zip Code Hickory NC 28601-1785	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Western Piedmont Anesthesia	Occupation Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2400.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Marvin Hutchison

Mailing Address PO Box 69

City State Zip Code  
Waco NC 28169-0069

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

Name of Employer Occupation  
USDA Loan Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 71014.C6519

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Marvin Hutchison

Mailing Address PO Box 69

City State Zip Code  
Waco NC 28169-0069

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

Name of Employer Occupation  
USDA Loan Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

Transaction ID: 71014.C6589

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)  
Timothy Hyde

Mailing Address 9062 Tower House Place

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
DCI Group, LLC Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 71014.C6690

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Catrina Jarrett

Mailing Address 4424 Granfloral Dr

City State Zip Code  
Hickory NC 28602-8926

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2007

Transaction ID: 71014.C6618

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)  
Dennis Jones

Mailing Address 182 Brownstone Dr

City State Zip Code  
Mooreville NC 28117-3717

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

Name of Employer R-Anell Custom Homes Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6558

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)  
Ismo Kaariainen

Mailing Address 321 41st Avenue PI NW

City State Zip Code  
Hickory NC 28601-9028

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

Name of Employer Piedmont Nephrology Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 71014.C6651

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Kal Kardous

Mailing Address 6816 N Baltusrol Ln

City State Zip Code  
Charlotte NC 28210-7364

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

Name of Employer  
Charlotte Copy Data

Occupation  
Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2007

Transaction ID: 71014.C6451

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)  
Andrea Kindley

Mailing Address 157 Old Arborway Rd

City State Zip Code  
 Mooresville NC 28117-6805

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

Name of Employer  
Countrywide

Occupation  
Mortgage Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2007

Transaction ID: 70713.C6429

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)  
Edward Kutler

Mailing Address 6405 Tree Top Cir

City State Zip Code  
Columbia MD 21045

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

Name of Employer  
Clark & Weinstock

Occupation  
Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2007

Transaction ID: 71014.C6503

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
G. Leroy Lail

Mailing Address 3619 Links Drive NE

City State Zip Code  
Conover NC 28613

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

Name of Employer Occupation  
Hickory Furniture Mart Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

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

Transaction ID: 71014.C6575

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)  
Emily Lampkin

Mailing Address 1640 Davidson Rd

City State Zip Code  
Mc Lean VA 22101-4306

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

Name of Employer Occupation  
DCI Group, LLC Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 71014.C6684

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Heather Lauer

Mailing Address 2500 Q St NW Apt 511

City State Zip Code  
Washington DC 20007-4316

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

Name of Employer Occupation  
DCI Group, LLC Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6691

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) ..... ► **3050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Homer Legrand

Mailing Address PO Box 3199

City State Zip Code  
Shelby NC 28151-3199

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2007

Transaction ID: 70711.C6393

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)  
Woodrow Leopard

Mailing Address 1876 Cedar Dr

City State Zip Code  
Lenoir NC 28645-9143

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

Name of Employer Leopard Chemical LLC Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2007

Transaction ID: 70711.C6295

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1876 Cedar Dr

City State Zip Code  
Lenoir NC 28645-9143

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

Name of Employer Leopard Chemical LLC Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: 71014.C6627

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) ..... ► **1300.00**

**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 44 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Leverett Mailing Address 4204 Page Rd City Morrisville State NC Zip Code 27560-9402 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71014.C6509 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	6	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	6	/	2	0	0	7														
250.00																							
Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Maloney Mailing Address 3020 Macomb St NW City Washington State DC Zip Code 20008-3317 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71014.C6482 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	0	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	0	/	2	0	0	7														
500.00																							
Name of Employer Ogilvy Government Relations Occupation Lobbyist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Randy Marion Mailing Address PO Box 1559 City Mooresville State NC Zip Code 28115-1559 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70711.C6376 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	0	9	/	2	0	0	7														
1000.00																							
Name of Employer Randy Marion Chevrolet Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 45 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 1133 Connecticut Ave  
Ste 725

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
McAllister & Quinn, LLC Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2007

Transaction ID: 71015.C6816

Amount of Each Receipt this Period  
243.00

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

In-kind: Fundraising support

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

Mailing Address 157 Shaker Rd

City State Zip Code  
Canterbury NH 03224-2530

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

Name of Employer Occupation  
DCI Group, LLC Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 71014.C6687

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)  
Scott McCloskey

Mailing Address 3838 8th Street PI NW

City State Zip Code  
Hickory NC 28601-8088

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

Name of Employer Occupation  
Catawba Valley Neurosurgery Neurosurgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2007

Transaction ID: 71014.C6529

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>993.00</b>
<b>TOTAL</b> 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 46 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 230 Bud Foster Rd

City Cleveland State NC Zip Code 27013-9177

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

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

Transaction ID: 71014.C6538

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)  
Mark McGinnis

Mailing Address 1722 5th St Dr, NW

City Hickory State NC Zip Code 28601-5206

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

Name of Employer Hickory Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 27 / 2007

Transaction ID: 71014.C6571

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)  
Steven McGlothlin

Mailing Address 1073 Briarcliff Rd

City Mooresville State NC Zip Code 28115-2716

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

Name of Employer True2Form Collision Repair Occupation Southeast Regional President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

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

Transaction ID: 71014.C6552

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> 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 47 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Aris McMahon

Mailing Address 1316 Dewitt Ave

City State Zip Code  
Alexandria VA 22301-1607

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

Name of Employer  
Advantage, Inc.

Occupation  
Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

Transaction ID: 71014.C6464

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)  
James Miklosko

Mailing Address 12441 Bayleaf Church Rd

City State Zip Code  
Raleigh NC 27614-9168

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

Name of Employer  
Cavalier Mortgage

Occupation  
Mortgage Broker

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  
07 / 11 / 2007

Transaction ID: 70711.C6417

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)  
Grey Mills

Mailing Address 156 Brick Kiln Way

City State Zip Code  
 Mooresville NC 28117-3710

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

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 70711.C6377

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Leslie Mozingo

Mailing Address 4315 Woodbourne Dr

City State Zip Code  
Clemmons NC 27012

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

Name of Employer The Ferguson Group Occupation Lobbyist

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 / 29 / 2007

Transaction ID: 71014.C6739

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)  
James Neill

Mailing Address 4396 1st Street Dr NW

City State Zip Code  
Hickory NC 28601-8185

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

Name of Employer Neill Grading & Const. Co. Inc Occupation Construction

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 71014.C6611

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)  
Richard Orłowski

Mailing Address 102 Merlins Way

City State Zip Code  
Hudson NC 28638-2480

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

Name of Employer NW Carolina Oncology Occupation Oncologist

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 / 05 / 2007

Transaction ID: 71014.C6592

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) ..... ► **1200.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**MCHENRY FOR CONGRESS**

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

Mailing Address 4916 Waple Ln

City State Zip Code  
**Alexandria VA 22304-7722**

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

Name of Employer Occupation  
DCI Group, LLC Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID: 71014.C6682**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Pope

Mailing Address 1690 26th St NE

City State Zip Code  
**Hickory NC 28601-3162**

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

Name of Employer Occupation  
None Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**09 07 2007**

**Transaction ID: 71014.C6600**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 511 Collett St

City State Zip Code  
**Morganton NC 28655-3740**

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

Name of Employer Occupation  
Womens Health Group, PA Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
**07 10 2007**

**Transaction ID: 70711.C6408**

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Susan Reiche</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 111 Knollwood Trail East		Transaction ID: 71014.C6685	
City Mendham	State NJ	Zip Code 07945	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DCI Group, LLC	Occupation Vice President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Grady Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2007	
Mailing Address 5640 Dunlap Court		Transaction ID: 70711.C6423	
City Plano	State TX	Zip Code 75093	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DP Bureau	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Stuart Richardson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2007	
Mailing Address 171 Watergate Rd		Transaction ID: 70711.C6413	
City Lake Lure	State NC	Zip Code 28746-9615	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Stuart Richardson

Mailing Address 171 Watergate Rd

City State Zip Code  
Lake Lure NC 28746-9615

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2007

Transaction ID: 71014.C6623

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Roller

Mailing Address 2255 N Powerhouse Rd

City State Zip Code  
Morganton NC 28655-7849

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

Name of Employer Mountain Emergency Physicians Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2007

Transaction ID: 70711.C6336

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Roller

Mailing Address 2255 N Powerhouse Rd

City State Zip Code  
Morganton NC 28655-7849

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

Name of Employer Mountain Emergency Physicians Occupation Physician

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 / 05 / 2007

Transaction ID: 71014.C6591

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Alexander Salley

Mailing Address PO Box 997

City State Zip Code  
Saluda NC 28773-0997

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2007

Transaction ID: 70711.C6390

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)  
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code  
Newland NC 28657-0490

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2007

Transaction ID: 70711.C6415

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code  
Newland NC 28657-0490

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: 71014.C6542

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code  
Newland NC 28657-0490

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

Name of Employer Occupation  
Self Employed Attorney

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 / 04 / 2007

Transaction ID: 71014.C6587

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 916 N Edgewood St

City State Zip Code  
Arlington VA 22201-1937

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

Name of Employer Occupation  
DCI Group, LLC Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 71014.C6681

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 7320 N Dreamy Draw Dr

City State Zip Code  
Phoenix AZ 85020-5212

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

Name of Employer Occupation  
DCI Group, LLC Chairman

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 / 28 / 2007

Transaction ID: 71014.C6693

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) ..... ► **850.00**

**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 54 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. William Thorne</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 3531 Oakland Rd		Transaction ID: 71014.C6686
City State Zip Code Farnham VA 22460-2416	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DCI Group, LLC Vice President	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Julie Tilton</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2007
Mailing Address 160 Brick Kiln Way		Transaction ID: 70711.C6375
City State Zip Code Mooresville NC 28117-3710	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Viejas Tribal Government</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007
Mailing Address 1 Viejas Grade Rd		Transaction ID: 71014.C6727
City State Zip Code Alpine CA 91901-1605	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Na NA	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Viejas Tribal Government

Mailing Address 1 Viejas Grade Rd

City State Zip Code  
Alpine CA 91901-1605

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

Name of Employer Na Occupation NA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

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

Transaction ID: 71014.C6728

Amount of Each Receipt this Period  
2200.00

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

**B.** Full Name (Last, First, Middle Initial)  
William Trotter

Mailing Address 5100 Sharon Rd Apt 1105-N  
Apt. 1105-N

City State Zip Code  
Charlotte NC 28210-4768

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 70711.C6355

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ben Underwood

Mailing Address 823 Northbrook Drive

City State Zip Code  
Hixson TN 37343

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

Name of Employer DFM Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2007

Transaction ID: 70711.C6425

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sharon Updike

Mailing Address 144 Bridgeport Dr

City State Zip Code  
Mooreville NC 28117-9693

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 03 / 2007

Transaction ID: 70711.C6298

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)  
Caroline Walker

Mailing Address 1709 Princess St

City State Zip Code  
Wilmington NC 28405-2934

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2007

Transaction ID: 70711.C6348

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Willa Ward

Mailing Address 11827 HWy 226-S

City State Zip Code  
Spruce Pine NC 28777

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 71014.C6705

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

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

Mailing Address 1018 10th Street Ln NW

City State Zip Code  
Hickory NC 28601-3579

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 ▼

200.00

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

Transaction ID: 71014.C6717

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 Winfield

Mailing Address 965 18th Avenue Cir NW

City State Zip Code  
Hickory NC 28601-1200

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 Y  
08 / 27 / 2007

Transaction ID: 71014.C6570

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)  
George Yama

Mailing Address 134 Cinnamon Fern Ln

City State Zip Code  
Banner Elk NC 28604-7403

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 ▼

150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2007

Transaction ID: 70711.C6291

Amount of Each Receipt this Period  
100.00

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

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

**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 58 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
George Yama

Mailing Address 134 Cinnamon Fern Ln

City State Zip Code  
Banner Elk NC 28604-7403

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2007

Transaction ID: 71014.C6579

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arthur Zeits

Mailing Address PO Box 337

City State Zip Code  
Lake Lure NC 28746

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

Name of Employer Self Employed  
Occupation General Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
205.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2007

Transaction ID: 71014.C6643

Amount of Each Receipt this Period  
105.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	58112.14

# 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 59 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Advantage Printing</b>		<b>Transaction ID:</b> 71015.E2199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 2020 1st Ave Sw		Amount of Each Disbursement this Period 463.30
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
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>B. Aristotle International, Inc</b>		<b>Transaction ID:</b> 71015.E2200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 205 Penvsylvania Ave Se		Amount of Each Disbursement this Period 1800.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SUPPORT FEE	Candidate Name	COMPUTER SUPPORT 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>C. Bachus for Congress</b>		<b>Transaction ID:</b> 71014.C64651K <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address PO Box 131134		Amount of Each Disbursement this Period 871.20
City Birmingham State AL Zip Code 35213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND - FOOD & BEVERAGE	Candidate Name	IN KIND: IN-KIND - FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3134.50
<b>TOTAL</b> 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 60 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bachus for Congress</b>		<b>Transaction ID:</b> 71014.C6466IK Date of Disbursement 07 / 16 / 2007
Mailing Address PO Box 131134		Amount of Each Disbursement this Period 500.00
City Birmingham State AL Zip Code 35213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND - FUNDRAISING SERVICES	Candidate Name	IN KIND: IN-KIND - FUNDRAISING SERVICES
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>B. Catawba Co. Chamber of Commerce</b>		<b>Transaction ID:</b> 71015.E2201 Date of Disbursement 08 / 27 / 2007
Mailing Address PO Box 1828		Amount of Each Disbursement this Period 320.33
City Hickory State NC Zip Code 28603-1828	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL MEMBERSHIP DUES	Candidate Name	ANNUAL MEMBERSHIP DUES
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>C. Catawba Mail &amp; Print, Inc</b>		<b>Transaction ID:</b> 71015.E2202 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 9001		Amount of Each Disbursement this Period 1317.76
City Hickory State NC Zip Code 28603-9001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILERS	Candidate Name	MAILERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2138.09
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Catawba Mail &amp; Print, Inc</b>		<b>Transaction ID: 71015.E2203</b> Date of Disbursement 07 / 24 / 2007	
Mailing Address PO Box 9001		Amount of Each Disbursement this Period 681.24	
City Hickory State NC Zip Code 28603-9001	Purpose of Disbursement MAILERS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	MAILERS	

Full Name (Last, First, Middle Initial) <b>B. Platinum Business Credit Card</b>		<b>Transaction ID: 71015.E2210</b> Date of Disbursement 07 / 09 / 2007	
Mailing Address Po Box 15650		Amount of Each Disbursement this Period 1114.62	
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	CREDIT CARD: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID: 71015.E2297</b> Date of Disbursement 07 / 09 / 2007	
Mailing Address 1884 Catawba Valley Blvd		Amount of Each Disbursement this Period 49.08	
City Hickory State NC Zip Code 28602-	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1795.86
<b>TOTAL</b> 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 62 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Capital Grill</b>		Transaction ID: 71015.E2298 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 222.10
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
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>B. Fed Ex</b>		Transaction ID: 71015.E2300 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 1555 Rankin Lake Rd		Amount of Each Disbursement this Period 102.27
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OVERNIGHT DELIVERY FEE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY 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>C. Oceanaire</b>		Transaction ID: 71015.E2303 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 1201 F St NW		Amount of Each Disbursement this Period 167.00
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: 71015.E2304 Date of Disbursement 07 / 09 / 2007
Mailing Address 2160 US Hwy 70SW		Amount of Each Disbursement this Period 33.24
City Hickory State NC Zip Code 28602-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. US Airways, Inc</b>		Transaction ID: 71015.E2305 Date of Disbursement 07 / 09 / 2007
Mailing Address 111 West Rio Salado Pkwy		Amount of Each Disbursement this Period 100.00
City Tempe State AZ Zip Code 85281-	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 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Transaction ID: 71015.E2306 Date of Disbursement 07 / 09 / 2007
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 169.09
City Hickory State NC Zip Code 28602-2955	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Platinum Business Credit Card</b>		Transaction ID: 71015.E2211 Date of Disbursement MM / DD / YYYY 08 / 06 / 2007	
Mailing Address Po Box 15650		Amount of Each Disbursement this Period 6755.36	
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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) ▼	CREDIT CARD: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Barnes &amp; Noble</b>		Transaction ID: 71015.E2309 Date of Disbursement MM / DD / YYYY 08 / 06 / 2007	
Mailing Address 122 Fifth Ave 2nd Floor		Amount of Each Disbursement this Period 1360.80	
City New York State NY Zip Code 10011-	Purpose of Disbursement EVENT SUPPLIES	<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) ▼	[MEMO ITEM] MEMO: EVENT SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		Transaction ID: 71015.E2312 Date of Disbursement MM / DD / YYYY 08 / 06 / 2007	
Mailing Address 300 First St Se		Amount of Each Disbursement this Period 4843.83	
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD & BEVERAGE EXPENSE	<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) ▼	[MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6755.36
<b>TOTAL</b> 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 65 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A. Fed Ex</b> Full Name (Last, First, Middle Initial) Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement OVERNIGHT DELIVERY FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 71015.E2301 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 67.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY FEE
--	--	---

<b>B. Office Max</b> Full Name (Last, First, Middle Initial) Mailing Address 1718 Hwy 70 SE City Hickory State NC Zip Code 28602- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 71015.E2310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 86.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
---	--	---

<b>C. US Postal Service</b> Full Name (Last, First, Middle Initial) Mailing Address 231 Government Ave SW City Hickory State NC Zip Code 28602-2955 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 71015.E2307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 91.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 66 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Platinum Business Credit Card</b>		Transaction ID: 71015.E2212 Date of Disbursement 09 / 08 / 2007	
Mailing Address Po Box 15650		Amount of Each Disbursement this Period 3067.91	
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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) ▼	CREDIT CARD: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Transaction ID: 71015.E2313 Date of Disbursement 09 / 08 / 2007	
Mailing Address 300 First St Se		Amount of Each Disbursement this Period 1508.83	
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD & BEVERAGE EXPENSE	<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) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE EXP-ENSE	

Full Name (Last, First, Middle Initial) <b>C. Fed Ex</b>		Transaction ID: 71015.E2302 Date of Disbursement 09 / 08 / 2007	
Mailing Address 1555 Rankin Lake Rd		Amount of Each Disbursement this Period 104.27	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement OVERNIGHT DELIVERY FEE	<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) ▼	<b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY FEE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3067.91
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Transaction ID: 71015.E2311 Date of Disbursement 09 / 08 / 2007	
Mailing Address 1718 Hwy 70 SE		Amount of Each Disbursement this Period 48.27	
City Hickory State NC Zip Code 28602-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Sonoma Restaurant</b>		Transaction ID: 71015.E2315 Date of Disbursement 09 / 08 / 2007	
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 923.02	
City Washington State DC Zip Code 20500-	Purpose of Disbursement EVENT FOOD & BEVERAGE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT FOOD & BEVERAGE EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Transaction ID: 71015.E2308 Date of Disbursement 09 / 08 / 2007	
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 137.10	
City Hickory State NC Zip Code 28602-2955	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 68 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Cleveland County Chamber Of Commerce</b>		<b>Transaction ID: 71015.E2220</b> Date of Disbursement 07 / 02 / 2007
Mailing Address Po Box 879		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shelby State NC Zip Code 28151-	Purpose of Disbursement MEMBERSHIP 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) ▼	MEMBERSHIP DUES

Full Name (Last, First, Middle Initial) <b>B. Creative Impressions, LLC</b>		<b>Transaction ID: 71015.E2225</b> Date of Disbursement 07 / 09 / 2007
Mailing Address 3408 N Pershing Dr		Amount of Each Disbursement this Period 750.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201-	Purpose of Disbursement EVENT CATERING 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) ▼	EVENT CATERING

Full Name (Last, First, Middle Initial) <b>C. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2276</b> Date of Disbursement 07 / 05 / 2007
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 201.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38133-	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1191.93
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2278</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 113.29
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2279</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 1.20
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2280</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 10.00
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	124.49
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2277</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 2.95
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2281</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 10.00
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2282</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 33.72
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	46.67
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2283</b> Date of Disbursement 09 / 06 / 2007
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 46.77
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CTS Holdings, LLC</b>		<b>Transaction ID: 71015.E2284</b> Date of Disbursement 09 / 07 / 2007
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 10.00
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Douglas Davenport</b>		<b>Transaction ID: 71014.C67471K</b> Date of Disbursement 09 / 28 / 2007
Mailing Address 2366 King Pl Nw		Amount of Each Disbursement this Period 289.14
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 INKIND: EVENT BEVERAGES		IN KIND: INKIND: EVENT BEVERAGES
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	345.91
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. DCI Pac</b>		<b>Transaction ID:</b> 71014.C6757IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 1828 L St NW Ste 400 Suite 400		Amount of Each Disbursement this Period 613.96
City Washington State DC Zip Code 20036-5115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: EVENT FOOD & BEVERAG Candidate Name		IN KIND: IN-KIND: EVENT FOOD & BEVERAG
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>B. EFTPS(Internal Revenue Service)</b>		<b>Transaction ID:</b> 71015.E2226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7
Mailing Address PO Box 105703		Amount of Each Disbursement this Period 1022.08
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES Candidate Name		PAYROLL TAXES
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>C. EFTPS(Internal Revenue Service)</b>		<b>Transaction ID:</b> 71015.E2227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 105703		Amount of Each Disbursement this Period 1022.10
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES Candidate Name		PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2658.14
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
EFTPS (Internal Revenue Service)

Mailing Address PO Box 105703

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71015.E2228

Date of Disbursement

09 / 15 / 2007

Amount of Each Disbursement this Period

1310.90

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

PAYROLL TAXES

**B.** Full Name (Last, First, Middle Initial)  
First National Bank

Mailing Address PO Box 168

City Shelby State NC Zip Code 28151-

Purpose of Disbursement  
LOAN INTEREST PAYMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71015.E2286

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1635.82

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

LOAN INTEREST PAYMENT

**C.** Full Name (Last, First, Middle Initial)  
FLS-DCI, LLC

Mailing Address 2401 W Behrend Dr

City Phoenix State AZ Zip Code 85027-4142

Purpose of Disbursement  
PHONE MATCH

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71015.E2236

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

8033.93

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

PHONE MATCH

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

10980.65

**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)

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. GR Seppala &amp; Associates</b>		<b>Transaction ID: 71015.E2238</b> Date of Disbursement 07 / 09 / 2007	
Mailing Address 1161 Wayzata Blvd E # 210		Amount of Each Disbursement this Period 3000.00	
City Wayzata State MN Zip Code 55391-1935	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement FUNDRAISING Candidate Name	Category/Type FUNDRAISING		
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>B. GR Seppala &amp; Associates</b>		<b>Transaction ID: 71015.E2239</b> Date of Disbursement 07 / 09 / 2007	
Mailing Address 1161 Wayzata Blvd E # 210		Amount of Each Disbursement this Period 4596.32	
City Wayzata State MN Zip Code 55391-1935	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/Type REIMBURSEMENT: SEE BELOW		
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>C. Delta Airlines</b>		<b>Transaction ID: 71015.E2290</b> Date of Disbursement 07 / 09 / 2007	
Mailing Address Po Box 20706		Amount of Each Disbursement this Period 198.80	
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	Category/Type <b>[MEMO ITEM]</b> MEMO: 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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7596.32
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A. Fed Ex</b> Full Name (Last, First, Middle Initial) Mailing Address 1555 Rankin Lake Rd City Gastonia State NC Zip Code 28052- Purpose of Disbursement OVERNIGHT DELIVERY FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 71015.E2287</b> Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 110.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY FEE
--	--	--

<b>B. Hertz Rental Car</b> Full Name (Last, First, Middle Initial) Mailing Address 9000 Airport Blvd City Los Angeles State CA Zip Code 90045- 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) ▼		<b>Transaction ID: 71015.E2292</b> Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 370.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
---	--	--

<b>C. Loews Santa Monica</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Ocean Ave City Santa Monica State CA Zip Code 90401- 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) ▼		<b>Transaction ID: 71015.E2289</b> Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 1620.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Radisson, NYC</b>		Transaction ID: 71015.E2291 Date of Disbursement MM / DD / YYYY 07 / 09 / 2007	
Mailing Address 511 Lexington Ave		Amount of Each Disbursement this Period 684.82	
City New York State NY Zip Code 10017-	Purpose of Disbursement TRAVEL EXPENSE 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 State: District:		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. US Airways, Inc</b>		Transaction ID: 71015.E2288 Date of Disbursement MM / DD / YYYY 07 / 09 / 2007	
Mailing Address 111 West Rio Salado Pkwy		Amount of Each Disbursement this Period 1220.50	
City Tempe State AZ Zip Code 85281-	Purpose of Disbursement TRAVEL EXPENSE 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 State: District:		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GR Seppala &amp; Associates</b>		Transaction ID: 71015.E2240 Date of Disbursement MM / DD / YYYY 08 / 03 / 2007	
Mailing Address 1161 Wayzata Blvd E # 210		Amount of Each Disbursement this Period 3000.00	
City Wayzata State MN Zip Code 55391-1935	Purpose of Disbursement FUNDRAISING 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 State: District:		FUNDRAISING	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. GR Seppala &amp; Associates</b>		Transaction ID: 71015.E2241 Date of Disbursement 09 / 10 / 2007	
Mailing Address 1161 Wayzata Blvd E # 210		Amount of Each Disbursement this Period 3000.00	
City Wayzata State MN Zip Code 55391-1935	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING	Category/Type FUNDRAISING		
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>B. Grove Park Inn</b>		Transaction ID: 71015.E2259 Date of Disbursement 07 / 30 / 2007	
Mailing Address 290 Macon Ave		Amount of Each Disbursement this Period 7810.00	
City Asheville State NC Zip Code 28804-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>	
Purpose of Disbursement LODGING	Category/Type LODGING		
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>C. John McAllister</b>		Transaction ID: 71015.C68161K Date of Disbursement 07 / 12 / 2007	
Mailing Address 1133 Connecticut Ave Ste 725		Amount of Each Disbursement this Period 243.00	
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<input type="checkbox"/>	
Purpose of Disbursement IN-KIND: FUNDRAISING SUPPORT	Category/Type IN KIND: IN-KIND: FUNDRAISING SUPPORT		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11053.00
<b>TOTAL</b> 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 78 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Christopher McClure</b>		<b>Transaction ID: 71015.E2213</b> Date of Disbursement 07 / 01 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 2181.83
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
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>B. Christopher McClure</b>		<b>Transaction ID: 71015.E2216</b> Date of Disbursement 07 / 02 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 93.12
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
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>C. Christopher McClure</b>		<b>Transaction ID: 71015.E2217</b> Date of Disbursement 07 / 24 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 107.67
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2382.62
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Christopher McClure</b>		<b>Transaction ID: 71015.E2214</b> Date of Disbursement 08 / 01 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 2746.20
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
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>B. Christopher McClure</b>		<b>Transaction ID: 71015.E2218</b> Date of Disbursement 09 / 01 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 258.99
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
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>C. Christopher McClure</b>		<b>Transaction ID: 71015.E2215</b> Date of Disbursement 09 / 01 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 2181.84
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5187.03</b>
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Christopher McClure</b>		<b>Transaction ID: 71015.E2219</b> Date of Disbursement 09 / 25 / 2007
Mailing Address 1745 8th St Dr NE Apt C		Amount of Each Disbursement this Period 87.79
City Hickory State NC Zip Code 28601-2330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
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>B. Patrick Timothy McHenry</b>		<b>Transaction ID: 71015.E2250</b> Date of Disbursement 08 / 03 / 2007
Mailing Address 1100 Requa Rd		Amount of Each Disbursement this Period 1019.93
City Cherryville State NC Zip Code 28021-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
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>C. Barnes &amp; Noble</b>		<b>Transaction ID: 71015.E2316</b> Date of Disbursement 08 / 03 / 2007
Mailing Address 122 Fifth Ave 2nd Floor		Amount of Each Disbursement this Period 748.44
City New York State NY Zip Code 10011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1107.72
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 71015.E2317 Date of Disbursement 08 / 03 / 2007
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 209.99
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE EQUIPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MOBILE PHONE EQUIPMENT
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>B. Mooresville-So. Iredell Chamber of Commer</b>		<b>Transaction ID:</b> 71015.E2244 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 628		Amount of Each Disbursement this Period 275.00
City Mooresville State NC Zip Code 28115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP FEE	Candidate Name	MEMBERSHIP 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>C. NC Dept. of Revenue</b>		<b>Transaction ID:</b> 71015.E2246 Date of Disbursement 07 / 15 / 2007
Mailing Address PO Box 25000		Amount of Each Disbursement this Period 238.00
City Raleigh State NC Zip Code 27640-0615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>513.00</b>
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. NC Dept. of Revenue</b>		<b>Transaction ID: 71015.E2247</b> Date of Disbursement 08 / 15 / 2007
Mailing Address PO Box 25000		Amount of Each Disbursement this Period 238.00
City Raleigh State NC Zip Code 27640-0615	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>B. NC Dept. of Revenue</b>		<b>Transaction ID: 71015.E2248</b> Date of Disbursement 09 / 15 / 2007
Mailing Address PO Box 25000		Amount of Each Disbursement this Period 297.00
City Raleigh State NC Zip Code 27640-0615	Purpose of Disbursement PAYROLL TAXES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) <b>C. Employment Security Commission of NC</b>		<b>Transaction ID: 71015.E2235</b> Date of Disbursement 07 / 11 / 2007
Mailing Address PO Box 25903		Amount of Each Disbursement this Period 194.89
City Raleigh State NC Zip Code 27611-	Purpose of Disbursement UNEMPLOYMENT TAX	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UNEMPLOYMENT TAX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	729.89
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. North Meets South</b>		<b>Transaction ID:</b> 71015.E2249 Date of Disbursement 08 / 03 / 2007
Mailing Address 228 S Washington St Ste B-10		Amount of Each Disbursement this Period 1249.12
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT CATERING	Candidate Name	EVENT CATERING
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>B. Prism Property Mgmt. Operating Trust</b>		<b>Transaction ID:</b> 71015.E2251 Date of Disbursement 09 / 25 / 2007
Mailing Address Po Box 729		Amount of Each Disbursement this Period 850.00
City Hickory State NC Zip Code 28603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SECURITY DEPOSIT FOR OFFICE	Candidate Name	SECURITY DEPOSIT FOR OFFICE
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>C. Public Storage (formerly Shurgard)</b>		<b>Transaction ID:</b> 71015.E2252 Date of Disbursement 07 / 02 / 2007
Mailing Address 1970 Tate Blvd		Amount of Each Disbursement this Period 111.00
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE FEE	Candidate Name	STORAGE 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2210.12
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Public Storage (formerly Shurgard)</b>		<b>Transaction ID:</b> 71015.E2253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 1970 Tate Blvd		Amount of Each Disbursement this Period 111.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28602-	Purpose of Disbursement STORAGE FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE FEE

Full Name (Last, First, Middle Initial) <b>B. Public Storage (formerly Shurgard)</b>		<b>Transaction ID:</b> 71015.E2254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 1970 Tate Blvd		Amount of Each Disbursement this Period 111.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28602-	Purpose of Disbursement STORAGE FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE FEE

Full Name (Last, First, Middle Initial) <b>C. Qwest</b>		<b>Transaction ID:</b> 71015.E2255 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address PO Box 2489		Amount of Each Disbursement this Period 116.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-2489	Purpose of Disbursement TELECONFERENCE 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) ▼	TELECONFERENCE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	338.72
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Catherine Rains</b>		Transaction ID: 71015.E2204 Date of Disbursement 07 / 01 / 2007
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 1222.92
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
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>B. Catherine Rains</b>		Transaction ID: 71015.E2207 Date of Disbursement 07 / 02 / 2007
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 50.00
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX LINE EXPENSE	Candidate Name	FAX LINE 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>C. Catherine Rains</b>		Transaction ID: 71015.E2205 Date of Disbursement 08 / 01 / 2007
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 1222.92
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2495.84
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Catherine Rains</b>		Transaction ID: 71015.E2208 Date of Disbursement 08 / 03 / 2007	
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 50.00	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement FAX LINE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type FAX LINE EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Catherine Rains</b>		Transaction ID: 71015.E2209 Date of Disbursement 09 / 01 / 2007	
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 50.00	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement FAX LINE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type FAX LINE EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Catherine Rains</b>		Transaction ID: 71015.E2206 Date of Disbursement 09 / 01 / 2007	
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 1222.92	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement MONTHLY COMPENSATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type MONTHLY COMPENSATION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1322.92
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Response Consulting</b>		<b>Transaction ID:</b> 71015.E2256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 2800 Shirlington Rd Ste 901		Amount of Each Disbursement this Period 12000.00
City Arlington State VA Zip Code 22206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILERS	Candidate Name	MAILERS
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>B. Revolution Media Group</b>		<b>Transaction ID:</b> 71015.E2257 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 1090 Vermont Ae NW Ste 230		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PLANNING & DEVELOPMENT FEE	Candidate Name	PLANNING & DEVELOPMENT 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>C. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 396.00
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16396.05
<b>TOTAL</b> 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 88 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2232 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 65.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 394.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2233 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 67.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	528.14
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 395.46
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE 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>B. Sprint (Embarq)</b>		<b>Transaction ID:</b> 71015.E2234 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 67.27
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE 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>C. The Oorbeek Group</b>		<b>Transaction ID:</b> 71015.E2260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 5903 Woodfield Estates Dr		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING	Candidate Name	FUNDRAISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1962.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. The Oorbeek Group</b>		<b>Transaction ID: 71015.E2263</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 5903 Woodfield Estates Dr		Amount of Each Disbursement this Period 4900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22310-	FUNDRAISING	
Purpose of Disbursement FUNDRAISING 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>B. The Oorbeek Group</b>		<b>Transaction ID: 71015.E2261</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 5903 Woodfield Estates Dr		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22310-	FUNDRAISING	
Purpose of Disbursement FUNDRAISING 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>C. The Oorbeek Group</b>		<b>Transaction ID: 71015.E2264</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 5903 Woodfield Estates Dr		Amount of Each Disbursement this Period 2812.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22310-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9212.34
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Grove Park Inn</b>		Transaction ID: 71015.E2296 Date of Disbursement 08 / 27 / 2007
Mailing Address 290 Macon Ave		Amount of Each Disbursement this Period 1532.96
City Asheville State NC Zip Code 28804-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FOOD & BEVERAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT FOOD & BEVERAGE
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>B. Grove Park Inn</b>		Transaction ID: 71015.E2295 Date of Disbursement 08 / 27 / 2007
Mailing Address 290 Macon Ave		Amount of Each Disbursement this Period 630.92
City Asheville State NC Zip Code 28804-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FOOD & BEVERAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT FOOD & BEVERAGE
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>C. US Airways, Inc</b>		Transaction ID: 71015.E2293 Date of Disbursement 08 / 27 / 2007
Mailing Address 111 West Rio Salado Pkwy		Amount of Each Disbursement this Period 453.29
City Tempe State AZ Zip Code 85281-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 92 / 98

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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. The Oorbeek Group</b>		<b>Transaction ID: 71015.E2262</b> Date of Disbursement 09 / 10 / 2007
Mailing Address 5903 Woodfield Estates Dr		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING	Candidate Name	FUNDRAISING
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>B. The Stewart Group</b>		<b>Transaction ID: 71015.E2265</b> Date of Disbursement 07 / 09 / 2007
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 6000.00
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PLANNING & DEVELOPMENT FEE	Candidate Name	PLANNING & DEVELOPMENT 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>C. The Stewart Group</b>		<b>Transaction ID: 71015.E2266</b> Date of Disbursement 08 / 03 / 2007
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 6000.00
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PLANNING & DEVELOPMENT FEE	Candidate Name	PLANNING & DEVELOPMENT 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13500.00
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. The Stewart Group</b>		Transaction ID: 71015.E2267 Date of Disbursement 09 / 10 / 2007	
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 6000.00	
City Raleigh State NC Zip Code 27611-	Purpose of Disbursement PLANNING & DEVELOPMENT FEE	<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) ▼	PLANNING & DEVELOPMENT FEE	

Full Name (Last, First, Middle Initial) <b>B. Union Plaza Assoc (Corp Management Svc)</b>		Transaction ID: 71015.E2222 Date of Disbursement 07 / 02 / 2007	
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00	
City Hickory State NC Zip Code 28603-	Purpose of Disbursement OFFICE RENT	<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) ▼	OFFICE RENT	

Full Name (Last, First, Middle Initial) <b>C. Union Plaza Assoc (Corp Management Svc)</b>		Transaction ID: 71015.E2223 Date of Disbursement 08 / 03 / 2007	
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00	
City Hickory State NC Zip Code 28603-	Purpose of Disbursement OFFICE RENT	<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) ▼	OFFICE RENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Union Plaza Assoc (Corp Management Svc)</b>		<b>Transaction ID: 71015.E2224</b> Date of Disbursement 09 / 01 / 2007
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00
City Hickory State NC Zip Code 28603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT Candidate Name	Category/Type	OFFICE RENT
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>B. Verizon Wireless</b>		<b>Transaction ID: 71015.E2268</b> Date of Disbursement 08 / 03 / 2007
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 716.06
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE EXPENSE Candidate Name	Category/Type	MOBILE PHONE 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>C. Verizon Wireless</b>		<b>Transaction ID: 71015.E2269</b> Date of Disbursement 08 / 03 / 2007
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 265.86
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE EXPENSE Candidate Name	Category/Type	MOBILE PHONE 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) ..... ▶

1481.92

**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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 71015.E2270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 356.38
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE EXPENSE	Candidate Name	MOBILE PHONE 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>B. Warren &amp; Associates</b>		<b>Transaction ID:</b> 71015.E2271 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address PO Box 1871		Amount of Each Disbursement this Period 59.94
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL PROCESSING FEE	Candidate Name	PAYROLL PROCESSING 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>C. Warren &amp; Associates</b>		<b>Transaction ID:</b> 71015.E2272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address PO Box 1871		Amount of Each Disbursement this Period 101.02
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL PROCESSING FEE	Candidate Name	PAYROLL PROCESSING 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	517.34
<b>TOTAL</b> 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

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

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Wiley Rein, LLC</b>		Transaction ID: 71015.E2273 Date of Disbursement MM / DD / YYYY 07 / 02 / 2007
Mailing Address 1776 K St NW		Amount of Each Disbursement this Period 3000.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-	Purpose of Disbursement LEGAL RETAINER 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) ▼	LEGAL RETAINER

Full Name (Last, First, Middle Initial) <b>B. Wiley Rein, LLC</b>		Transaction ID: 71015.E2274 Date of Disbursement MM / DD / YYYY 07 / 24 / 2007
Mailing Address 1776 K St NW		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 Washington State DC Zip Code 20006-	Purpose of Disbursement LEGAL RETAINER 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) ▼	LEGAL RETAINER

Full Name (Last, First, Middle Initial) <b>C. Wiley Rein, LLC</b>		Transaction ID: 71015.E2275 Date of Disbursement MM / DD / YYYY 08 / 27 / 2007
Mailing Address 1776 K St NW		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 Washington State DC Zip Code 20006-	Purpose of Disbursement LEGAL RETAINER 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) ▼	LEGAL RETAINER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9000.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	129775.73



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 97 / 98
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 MCHENRY FOR CONGRESS

**Transaction ID: LS51015.C3021**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) First National Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ R-2004
Mailing Address PO Box 168	
City Shelby State NC ZIP Code 28151-	

Original Amount of Loan 100500.00	Cumulative Payment To Date 10000.00	Balance Outstanding at Close of This Period 90500.00
--------------------------------------	--	---

**TERMS**

Date Incurred M M 07 D D 19 Y Y Y Y 2004	Date Due 20071020	Interest Rate 7.500 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	90500.00
<b>TOTALS</b> This Period (last page in this line only) .....	90500.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

Image# 27931620965

Form/Schedule: **F3A** Amended report reflects correct Election Cycle to Date fields. Schedule B includes all required additional  
Transaction ID: **C00393629** memo entries for reimbursements. All other reimbursements do not meet the \$200.00 per vendor threshold; therefore no further itemization is necessary.

\*\*\*\*\*