

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

WALTER JONES COMMITTEE

ADDRESS (number and street) PO Box 3962

Check if different than previously reported. (ACC)

Greenville NC 27836

2. **FEC IDENTIFICATION NUMBER** C00305052

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NC 03

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 10 01 2009 through 12 31 2009

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 Mrs. Joan E. Beall

Signature of Treasurer Electronically Filed by Mrs. Joan E. Beall Date 04 20 2010

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

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

WALTER JONES COMMITTEE

Report Covering the Period:

From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <hr/> | | |
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 78927.00 | 306673.50 |
| (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))..... | 78927.00 | 306673.50 |
| <hr/> | | |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 81009.80 | 220166.19 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 236.34 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 81009.80 | 219929.85 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 124583.58 | |
| <hr/> | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| <hr/> | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
WALTER JONES COMMITTEE

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

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).....

34150.00

142475.00

(ii) Unitemized.....

9777.00

30768.50

(iii) TOTAL of contributions

43927.00

173243.50

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

35000.00

133430.00

(d) The Candidate.....

0.00

0.00

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

78927.00

306673.50

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

236.34

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)..... ▶

78927.00

306909.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES..... | 81009.80 | 220166.19 |
| 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..... | 1100.00 | 1100.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 82109.80 | 221266.19 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 127766.38 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 78927.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 206693.38 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 82109.80 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 124583.58 |

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

| | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 58 |
| | <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)
WALTER JONES COMMITTEE

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. Marc O.L. Agger | Date of Receipt MM / DD / YYYY 12 / 01 / 2009 |
| | Mailing Address 5 Montague Terrace | Transaction ID: SA11AI.25287 |
| | City State Zip Code Brooklyn NY 11201 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Agger Fish Corporation Fisherman | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Daniel M. Beall, Sr. | Date of Receipt MM / DD / YYYY 12 / 01 / 2009 |
| | Mailing Address 109 Quork Court | Transaction ID: SA11AI.25288 |
| | City State Zip Code Kill Devil Hills NC 27948 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Retired Retired | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mr. F. Jed Becker | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 13 Prospect Avenue Suite 400 | Transaction ID: SA11AI.25159 |
| | City State Zip Code Darien CT 06820 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Eurpac Services, Inc. Executive | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 58 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Bruce A. Biggs | | Date of Receipt MM / DD / YYYY 11 / 14 / 2009 | | |
| | Mailing Address 1932 River Shore Road | | Transaction ID: SA11AI.25220 | | |
| | City Elizabeth City | State NC | Zip Code 27909 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Biggs Pontiac, Inc. | Occupation Auto Dealer | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Dr. William S. Blakemore | | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 | | |
| | Mailing Address PO Box 1077 | | Transaction ID: SA11AI.25302 | | |
| | City Edenton | State NC | Zip Code 27932 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self Employed | Occupation Physician | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|----------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Dr. J. Edwin Clement | | Date of Receipt MM / DD / YYYY 11 / 10 / 2009 | | |
| | Mailing Address 102 Martinsborough Road | | Transaction ID: SA11AI.25197 | | |
| | City Greenville | State CA | Zip Code 27858 | Amount of Each Receipt this Period 100.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Retired | Occupation Retired | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 350.00 | | | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 58 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mrs. Jeanne Coffey | Date of Receipt MM / DD / YYYY 11 / 12 / 2009 |
| | Mailing Address 14236 Wyndfield Circle | Transaction ID: SA11AI.25212 |
| | City State Zip Code Raleigh NC 27615 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Homemaker Homemaker | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Louis R. Colombo | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 408 Rockledge Road | Transaction ID: SA11AI.25304 |
| | City State Zip Code New Bern NC 28562 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Retired Retired | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mr. Fenner S. Corbett | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address PO Box 9 | Transaction ID: SA11AI.25142 |
| | City State Zip Code Simpson NC 27879 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Retired Retired | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 58 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. R. Stewart Couch | | Date of Receipt |
| | Mailing Address PO Box 175 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 1 / 2 0 0 9 |
| | City | State | Zip Code |
| | Avon | NC | 27915 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25290 |
| Name of Employer Self Employed | | Occupation Realtor | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Robert L. Crocker | | Date of Receipt |
| | Mailing Address PO Box 690 700 North Main Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 9 |
| | City | State | Zip Code |
| | Farmville | NC | 27828 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25272 |
| Name of Employer Best Value Drugs | | Occupation Pharmacist | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mr. Harold Dail | | Date of Receipt |
| | Mailing Address 1016 Hwy 11S | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 0 9 |
| | City | State | Zip Code |
| | Kinston | NC | 28504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25121 |
| Name of Employer Retired | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 300.00 |

| | |
|------------------------------------------------------------------|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1600.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Harold Dail

Mailing Address 1016 Hwy 11S

City State Zip Code
Kinston NC 28504

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
11 / 18 / 2009

Transaction ID: SA11AI.25237

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. James R. Dennis

Mailing Address 1018 North Pelham Street

City State Zip Code
Alexandria VA 22304

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

Name of Employer Palmetto Group Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.25259

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Annabelle L. Fetterman

Mailing Address 208 Fox Lake Drive

City State Zip Code
Clinton NC 28328

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 06 / 2009

Transaction ID: SA11AI.25117

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ms. Annabelle L. Fetterman

Mailing Address 208 Fox Lake Drive

City State Zip Code
Clinton NC 28328

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25129

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mrs. Thelma S. Forbes

Mailing Address PO Box 85

City State Zip Code
Shiloh NC 27974

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25280

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Reginald M. Fountain, Jr.

Mailing Address Post Office Drawer 457

City State Zip Code
Washington NC 27889

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

Name of Employer Fountain Power Boats, Inc Occupation CEO/President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.25339

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Betty Funderburk

Mailing Address 130 Sandhurst Place

City State Zip Code
Southern Pines NC 28387

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.25328

Amount of Each Receipt this Period
1000.00

1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Randy G. Fussell

Mailing Address 3800 Cantata Drive

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Lee, Fussell, Humphreys PA Dentist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25147

Amount of Each Receipt this Period
250.00

700.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven T. Glaze

Mailing Address 324 E Street NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Palmetto Group Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.25260

Amount of Each Receipt this Period
1000.00

1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Tilman R. R. Gray

Mailing Address PO Box 251

City Avon State NC Zip Code 27915

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

Name of Employer Self Employed Occupation Fisherman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt 12 / 01 / 2009
Transaction ID: SA11AI.25291
 Amount of Each Receipt this Period 1400.00

B. Full Name (Last, First, Middle Initial)
Mr. L. Allen Hahn

Mailing Address PO Box 665

City Greenville State NC Zip Code 27835

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.25125
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. William J. Hargett

Mailing Address 1968 Crescent Park Drive

City Reston State VA Zip Code 20190

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

Name of Employer Hargett Consulting Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2009
Transaction ID: SA11AI.25262
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

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

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

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)
WALTER JONES COMMITTEE

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mrs. Judy B. Henry | | Date of Receipt |
| | Mailing Address 116 First Street | | <input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Atlantic Beach | NC | 28512 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Retired | | Occupation Retired | Transaction ID: SA11AI.25268 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="350.00"/> | <input type="text" value="100.00"/> |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Sherwin Herring | | Date of Receipt |
| | Mailing Address Post Office Box 1897 | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Goldsboro | NC | 27530 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Southco Distributing Company | | Occupation CEO | Transaction ID: SA11AI.25275 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mr. Richard T. Hines | | Date of Receipt |
| | Mailing Address 809 Princess Street | | <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Alexandria | VA | 22314 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer RTH Consulting, Inc. | | Occupation Executive | Transaction ID: SA11AI.25240 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1100.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 14 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Henry W. Hinton, Jr.
Mailing Address 3062 Dartmouth Drive
City State Zip Code
Greenville NC 27858
FEC ID number of contributing federal political committee. **C**
Name of Employer Inner Banks Media, Inc. Occupation President
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.25126
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. David W. Hobbs
Mailing Address 101 Constitution Avenue NW
Suite 900
City State Zip Code
Washington DC 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer The Hobbs Group Occupation President
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.25127
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Jeffreys
Mailing Address 3102 Cashwell Drive
Unit 52
City State Zip Code
Goldsboro NC 27534
FEC ID number of contributing federal political committee. **C**
Name of Employer R. A. Jeffreys Distributing Co Occupation Distributor
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9
Transaction ID: SA11AI.25323
Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Edgar L. Jenkins

Mailing Address PO Box 70

City Jasper State GA Zip Code 30143

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

Name of Employer Palmetto Group Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: SA11AI.25263
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. John A. Jenkins

Mailing Address 3885 River Road

City Vanceboro State NC Zip Code 26586

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt: 11 / 09 / 2009
Transaction ID: SA11AI.25137
 Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Mrs. Julia Jenkins

Mailing Address 3885 River Road

City Vanceboro State NC Zip Code 28586

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 11 / 09 / 2009
Transaction ID: SA11AI.25136
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. C. Lloyd Johnson, Jr.
Mailing Address 5206-B Atlantic Avenue

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer: C. Lloyd Johnson, An Acosta Co
Occupation: Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 09 / 2009
Transaction ID: SA11AI.25160
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark W. Johnson
Mailing Address 604 McCarthy Blvd.

City State Zip Code
New Bern NC 28562

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

Name of Employer: Self-Employed
Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 27 / 2009
Transaction ID: SA11AI.25284
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert C. Johnson
Mailing Address PO Drawer 699

City State Zip Code
Rose Hill NC 28458

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

Name of Employer: House of Raeford, Inc.
Occupation: CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 12 / 2009
Transaction ID: SA11AI.25122
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 58 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. Larry Glenn Johnston | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 1324 Boyd Galloway Road | Transaction ID: SA11AI.25148 |
| | City State Zip Code Grimesland NC 27837 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed | Occupation Real Estate Appraiser |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 240.00 |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Patrick P. Joyce | Date of Receipt MM / DD / YYYY 11 / 25 / 2009 |
| | Mailing Address 715 Comet Drive | Transaction ID: SA11AI.25281 |
| | City State Zip Code Beaufort NC 28516 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Joyce and Associates | Occupation General Contractor |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Kevin J. Kerlin | Date of Receipt MM / DD / YYYY 11 / 19 / 2009 |
| | Mailing Address 904 Mill Road | Transaction ID: SA11AI.25307 |
| | City State Zip Code Goldsboro NC 27534 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Wayne Radiation Oncology | Occupation Physician |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Daneel L. LeRoux

Mailing Address 522 Westchester Drive

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
ECVC President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.25336

Amount of Each Receipt this Period
100.00

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Frederick W. Lilley

Mailing Address 115 Antler Road

City State Zip Code
Greenville NC 27834

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25181

Amount of Each Receipt this Period
200.00

950.00

C. Full Name (Last, First, Middle Initial)
Dr. Spiro J. Macris

Mailing Address 914 South Lumina Avenue

City State Zip Code
Wrightsville Beach NC 28480

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.25324

Amount of Each Receipt this Period
1000.00

1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Rick E. Marks

Mailing Address 11988 Sentinel Point Court

City Reston State VA Zip Code 20191

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

Name of Employer Hoffman, Silver, Gilman & Blas Occupation Lobbyist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2009
Transaction ID: SA11AI.25161
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Howard Marlowe

Mailing Address 5530 Warwick Place

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Marlowe & Company LLC Occupation Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2009
Transaction ID: SA11AI.25162
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mrs. Kari C. Martin

Mailing Address 1000 Morris Marina Road

City Atlantic State NC Zip Code 28511

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

Name of Employer Self Employed Occupation Marina Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 18 / 2009
Transaction ID: SA11AI.25243
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Kari C. Martin

Mailing Address 1000 Morris Marina Road

City State Zip Code
Atlantic NC 28511

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

Name of Employer Self Employed Occupation
Self Employed Marina Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25481

Amount of Each Receipt this Period
-600.00

Reattribute: To Mark Martin

B. Full Name (Last, First, Middle Initial)
Mr. Mark Martin

Mailing Address 1000 Morris Marina Road

City State Zip Code
Atlantic NC 28511

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

Name of Employer Self Employed Occupation
Self Employed Marina Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25482

Amount of Each Receipt this Period
600.00

Reattribute: From Kari Martin

C. Full Name (Last, First, Middle Initial)
Mr. Ray McClees

Mailing Address 573 Old Columbia Road

City State Zip Code
Columbia NC 27925

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

Name of Employer Self Employed Occupation
Self Employed Freelance Journalist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25317

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 58 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Dr. Donald E. Morel, Jr. | Date of Receipt MM / DD / YYYY 11 / 10 / 2009 |
| | Mailing Address 1703 Lookaway Court | Transaction ID: SA11AI.25185 |
| | City State Zip Code New Hope PA 18938 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer West Pharmaceutical Services Occupation Manager Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00 | |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Jack B. Painter, II | Date of Receipt MM / DD / YYYY 12 / 01 / 2009 |
| | Mailing Address PO Box 250 | Transaction ID: SA11AI.25294 |
| | City State Zip Code Avon NC 27915 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Information Requested Occupation Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mr. Blackwell B. Pierce, Jr. | Date of Receipt MM / DD / YYYY 12 / 05 / 2009 |
| | Mailing Address 9305 Spring Meadow Drive | Transaction ID: SA11AI.25300 |
| | City State Zip Code Chapel Hill NC 27517 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Student Occupation Student Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 58 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. Michael J. Prucker | Date of Receipt MM / DD / YYYY 11 / 19 / 2009 |
| | Mailing Address 4700 Connecticut Avenue NW Apt 502 | Transaction ID: SA11AI.25265 |
| | City State Zip Code Washington DC 20008 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Palmetto Group Occupation Executive | |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mr. Jeffrey B. Reichle | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 4045 Bayshore Road | Transaction ID: SA11AI.25163 |
| | City State Zip Code Cape May NJ 08204 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Lund's Fisheries Occupation Owner | |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 |

| | | |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Garrett L. Rogers | Date of Receipt MM / DD / YYYY 11 / 14 / 2009 |
| | Mailing Address 162 Aldersgate Road | Transaction ID: SA11AI.25309 |
| | City State Zip Code Jacksonville NC 28546 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Physician | |
| | Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 58 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. Michael S. Rolband | | Date of Receipt |
| | Mailing Address 6285 Clifton Road | | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Clifton | VA | 20124 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25228 |
| Name of Employer Wetland Studies Solutions, Inc | | Occupation Civil and Environmental Engineer | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text" value="500.00"/> |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Col George R. Rowan | | Date of Receipt |
| | Mailing Address 5508 Ashleigh Road | | <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Fairfax | VA | 22030 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25249 |
| Name of Employer Armed Forces Marketing Co-uncil | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text" value="750.00"/> |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Dr. Young-Dahl Song | | Date of Receipt |
| | Mailing Address 104 McDonald Court | | <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Greenville | NC | 27858 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.25337 |
| Name of Employer Self Employed | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text" value="700.00"/> |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

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

Mailing Address 402 Wesley Street

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Carolina Benefits Insurance Sales

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25171

Amount of Each Receipt this Period
375.00

625.00

B. Full Name (Last, First, Middle Initial)
Mr. Sherrill E. Styron

Mailing Address PO Box 100

City State Zip Code
Oriental NC 28571

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

Name of Employer Occupation
Garland Fulcher Seafood President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.25297

Amount of Each Receipt this Period
1000.00

1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Danette Tiller

Mailing Address 2730 Tomlyn Drive

City State Zip Code
Kinston NC 28504

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.25334

Amount of Each Receipt this Period
200.00

440.00

SUBTOTAL of Receipts This Page (optional) ► **1575.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 58 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mrs. Nelma R. Tillett | Date of Receipt MM / DD / YYYY 11 / 14 / 2009 |
| | Mailing Address 375 The Lane | Transaction ID: SA11AI.25232 |
| | City State Zip Code Wanchese NC 27981 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Homemaker Homemaker | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mrs. Rosemond M. Tipton | Date of Receipt MM / DD / YYYY 10 / 05 / 2009 |
| | Mailing Address 201 Williamsburg Drive | Transaction ID: SA11AI.25116 |
| | City State Zip Code Greenville NC 27858 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Tipton Rentals, LLC Owner | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Lindsey S. Vincent | Date of Receipt MM / DD / YYYY 11 / 21 / 2009 |
| | Mailing Address PO Box 325 | Transaction ID: SA11AI.25271 |
| | City State Zip Code Skippers VA 23879 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Good Earth Peanut Company Sales | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 550.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional) | 475.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Weigel

Mailing Address 103 Speight Street

City State Zip Code
Havelock NC 28532

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

Name of Employer Occupation
B & R Guns Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.25256

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Mr. Richard J. Weigel

Mailing Address 103 Speight Street

City State Zip Code
Havelock NC 28532

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

Name of Employer Occupation
B & R Guns Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.25338

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Rom A. Whitaker

Mailing Address PO Box 150

City State Zip Code
Hatteras NC 27943

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

Name of Employer Occupation
Self Employed Charter Boat Captain

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25320

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 58
(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mr. John P. Winburn

Mailing Address 428 New Jersey Avenue SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Palmetto Group Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.25266

Amount of Each Receipt this Period
1000.00

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 34150.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC) Date of Receipt

Mailing Address 222 South Prospect Ave
c/o Finance Department

City Park Ridge State IL Zip Code 60068

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 10 / 2009
Transaction ID: SA11C.25340
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS RETIREES ASSOCIATION VOLUNTARY POLITICAL ACTION FUND Date of Receipt

Mailing Address 2 West Dixie Highway

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00089557

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11C.25346
 Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS RETIREES ASSOCIATION VOLUNTARY POLITICAL ACTION FUND Date of Receipt

Mailing Address 2 West Dixie Highway

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00089557

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 11 / 10 / 2009
Transaction ID: SA11C.25345
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
AMERICAN SHIPPING GROUP MARINE RESOURCES GROUP
 Mailing Address 32001 - 32ND AVE SOUTH SUITE 200
 City State Zip Code
 FEDERAL WAY WA 98001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 9
Transaction ID: SA11C.25350
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C** C00411694
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE
 Mailing Address ONE BUSCH PLACE 202-5
 City State Zip Code
 ST. LOUIS MO 63118
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11C.25347
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C** C00034488
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)
 Mailing Address 1200 WILSON BLVD
 City State Zip Code
 ARLINGTON VA 22209
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 9
Transaction ID: SA11C.25351
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C** C00142711
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
 3000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON

Mailing Address 139 Prominence Court
Ste. 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 11 / 10 / 2009
Transaction ID: SA11C.25352
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address P O BOX 576

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 09 / 2009
Transaction ID: SA11C.25353
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address P O BOX 909700

City KANSAS CITY State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 12 / 29 / 2009
Transaction ID: SA11C.25354
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE-FEDERAL 'DUKEPAC'

Mailing Address 422 SOUTH CHURCH STREET PBO5E

City State Zip Code
CHARLOTTE NC 28242

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11C.25355

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 9

Transaction ID: SA11C.25356

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

Mailing Address 520 S GRAND AVE STE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11C.25357

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

| | | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 58 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100 | Transaction ID: SA11C.25360 |
| | City State Zip Code WASHINGTON DC 20004 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C C00024869 | |
| | Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) HEALTH NET INC POLITICAL ACTION COMMITTEE | Date of Receipt MM / DD / YYYY 11 / 09 / 2009 |
| | Mailing Address 455 CAPITOL MALL SUITE 801 | Transaction ID: SA11C.25363 |
| | City State Zip Code SACRAMENTO CA 95814 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C C00305052 | |
| | Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION | Date of Receipt MM / DD / YYYY 11 / 27 / 2009 |
| | Mailing Address 1750 New York Ave NW | Transaction ID: SA11C.25365 |
| | City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C C00029447 | |
| | Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 33 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION FOR UNIFORMED SERVICES PAC

Mailing Address 5535 HEMPSTEAD WAY

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00086348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 20 / 2009
Transaction ID: SA11C.25371
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 11 / 2009
Transaction ID: SA11C.25379
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 09 / 2009
Transaction ID: SA11C.25366
 Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2009

Transaction ID: SA11C.25367

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 469 Hospital Dr.
Suite C

City State Zip Code
Gastonia NC 28054

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2010
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2009

Transaction ID: SA11C.25368

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2010
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2009

Transaction ID: SA11C.25369

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address Three Commercial Place

City State Zip Code
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11C.25373

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
NORTH CAROLINA COTTON PRODUCERS ASSOCIATION COMMITTEE (NCCPAC)

Mailing Address POST OFFICE BOX 656

City State Zip Code
NASHVILLE NC 27856

FEC ID number of contributing federal political committee. **C** C00416297

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11C.25372

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 WEST WALNUT STREET

City State Zip Code
PASADENA CA 91124

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11C.25374

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11C.25344

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
PROGRESS ENERGY EMPLOYEES' FEDERAL PAC

Mailing Address 411 FAYETTEVILLE ST PEB 15B5

City RALEIGH State NC Zip Code 27602

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
12 / 05 / 2009

Transaction ID: SA11C.25375

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PROTECTSENIORS.ORG POLITICAL ACTION COMMITTEE

Mailing Address 4505 SILVER HILL CT
SOUTH BLDG

City SUMERDUCK State VA Zip Code 22742

FEC ID number of contributing federal political committee. **C** C00426361

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
12 / 11 / 2009

Transaction ID: SA11C.25376

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

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

Mailing Address 2001 Pennsylvania Avenue NW
Suite 650

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11C.25377

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
RJR POLITICAL ACTION COMMITTEE RJR NABISCO INC (RJR PAC)

Mailing Address P O BOX 718

City WINSTON-SALEM State NC Zip Code 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 21 / 2009

Transaction ID: SA11C.25380

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
SAIC Inc Voluntary Political Action Committee

Mailing Address 10260 Campus Point Drive
MS:F2

City San Diego State CA Zip Code 92121

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
10 / 27 / 2009

Transaction ID: SA11C.25381

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 58
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNATIONAL UNION OF N.A.-AGLW
 Mailing Address 5201 Auth Way
 City State Zip Code
 Camp Springs MD 20746
 FEC ID number of contributing federal political committee. **C** C00004325
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 1000.00
 Transaction ID: SA11C.25383

B. Full Name (Last, First, Middle Initial)
TEXTRON INC POLITICAL ACTION COMMITTEE
 Mailing Address 40 WESTMINSTER STREET
 City State Zip Code
 PROVIDENCE RI 02903
 FEC ID number of contributing federal political committee. **C** C00123612
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 1000.00
 Transaction ID: SA11C.25385

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | 35000.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Acculink

Transaction ID: SB17.25403
Date of Disbursement

Mailing Address 1055 Greenville Boulevard SW
PO Box 30080

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 0 | 9 |

City Greenville State NC Zip Code 27834

Amount of Each Disbursement this Period

| |
|---------|
| 1158.17 |
|---------|

Purpose of Disbursement
Event Host Committee Print Service
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Acculink

Transaction ID: SB17.25404
Date of Disbursement

Mailing Address 1055 Greenville Boulevard SW
PO Box 30080

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 0 | 9 |

City Greenville State NC Zip Code 27834

Amount of Each Disbursement this Period

| |
|--------|
| 489.80 |
|--------|

Purpose of Disbursement
Postage
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Acculink

Transaction ID: SB17.25405
Date of Disbursement

Mailing Address 1055 Greenville Boulevard SW
PO Box 30080

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 0 | 9 |

City Greenville State NC Zip Code 27834

Amount of Each Disbursement this Period

| |
|---------|
| 2670.76 |
|---------|

Purpose of Disbursement
Event Invitations Print Service
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 4318.73 |
|---------|

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

| |
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| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Acculink | Transaction ID: SB17.25406 Date of Disbursement |
| | Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | <input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Greenville State NC Zip Code 27834 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Direct Mail Print Service | <input type="text" value="1212.51"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Acculink | Transaction ID: SB17.25430 Date of Disbursement |
| | Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | <input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Greenville State NC Zip Code 27834 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Invitation Postage | <input type="text" value="952.25"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Acculink | Transaction ID: SB17.25453 Date of Disbursement |
| | Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | <input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Greenville State NC Zip Code 27834 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Direct Mail/Event Invitation Print Service | <input type="text" value="4587.62"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="6752.38"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Acculink

Transaction ID: SB17.25462
Date of Disbursement

Mailing Address 1055 Greenville Boulevard SW
PO Box 30080

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 7 | | 2 | 0 | 0 | 9 |

City Greenville State NC Zip Code 27834

Amount of Each Disbursement this Period

| |
|--------|
| 730.40 |
|--------|

Purpose of Disbursement
Postage

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ms Robyn Alexander

Transaction ID: SB17.25418
Date of Disbursement

Mailing Address 6136 Stonehenge Place

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 8 | | 2 | 0 | 0 | 9 |

City Rockville State MD Zip Code 20852

Amount of Each Disbursement this Period

| |
|--------|
| 575.00 |
|--------|

Purpose of Disbursement
Event Chef

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ASAP Party & Tent Rentals

Transaction ID: SB17.25408
Date of Disbursement

Mailing Address 901 South Memorial Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 0 | 9 |

City Greenville State NC Zip Code 27834

Amount of Each Disbursement this Period

| |
|---------|
| 1751.91 |
|---------|

Purpose of Disbursement
Event Tent and Equipment Rental

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3057.31 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) ASAP Photo and Camera</p> <p>Mailing Address 3701 Charles Boulevard</p> <p>City Greenville State NC Zip Code 27858</p> <p>Purpose of Disbursement Event Photos and Photographer's Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25424</p> <p>Date of Disbursement 10 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 427.56</p> |
| <p>B. Full Name (Last, First, Middle Initial) ASAP Photo and Camera</p> <p>Mailing Address 3701 Charles Boulevard</p> <p>City Greenville State NC Zip Code 27858</p> <p>Purpose of Disbursement Photo Covers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25426</p> <p>Date of Disbursement 10 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 28.35</p> |
| <p>C. Full Name (Last, First, Middle Initial) Auburn Audio Visual</p> <p>Mailing Address 705 Shady Meadows Court</p> <p>City Winterville State NC Zip Code 28590</p> <p>Purpose of Disbursement Sound/Lighting Equipment and Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25400</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 385.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

841.41

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Autumn Publishing, Inc.</p> <p>Mailing Address PO Box 1530</p> <p>City Vienna State NC Zip Code 22183</p> <p>Purpose of Disbursement Printed Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25472</p> <p>Date of Disbursement 12 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2431.06</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mrs. Lynda J. Blount</p> <p>Mailing Address PO Box 638</p> <p>City Bethel State NC Zip Code 27812</p> <p>Purpose of Disbursement Travel Reimbursement: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25411</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2010.83</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mrs. Lynda J. Blount</p> <p>Mailing Address PO Box 638</p> <p>City Bethel State NC Zip Code 27812</p> <p>Purpose of Disbursement Travel Reimbursement: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25437</p> <p>Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 490.60</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4932.49

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Mrs. Lynda J. Blount</p> <p>Mailing Address PO Box 638</p> <p>City Bethel State NC Zip Code 27812</p> <p>Purpose of Disbursement Travel Reimbursement: Mileage/Food/Beverage/Lodging/Writing Materials/Photo Mailers - See Below</p> <p>Candidate Name _____ Category/Type _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25457</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1028.44</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capitol Hill Suites</p> <p>Mailing Address 200 C Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name _____ Category/Type _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25457.0</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 243.60</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mrs. Lynda J. Blount</p> <p>Mailing Address PO Box 638</p> <p>City Bethel State NC Zip Code 27812</p> <p>Purpose of Disbursement Travel Reimbursement: Food/Beverage/Cutlery/Equipment/Table Chair Rental/Linens - See Below</p> <p>Candidate Name _____ Category/Type _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25458</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 607.81</p> |

SUBTOTAL of Disbursements This Page (optional) ►

1636.25

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Perfect Settings | Transaction ID: SB17.25458.0 Date of Disbursement |
| | Mailing Address 6410 Sheriff Rd | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City Hyattsville State MD Zip Code 20785 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Chair/Equipment Rental | <input type="text" value="228.10"/> |
| | 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) ▼ |
| | | [MEMO ITEM] |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Jonathan Brooks | Transaction ID: SB17.25455 Date of Disbursement |
| | Mailing Address 126 N Longmeadow Road | <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City Greenville State NC Zip Code 27858 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Reimbursement: Mileage/Phone/Food/Beverage/Lodging - See Below | <input type="text" value="1562.62"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Capitol Hill Suites | Transaction ID: SB17.25455.0 Date of Disbursement |
| | Mailing Address 200 C Street, SE | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Lodging | <input type="text" value="259.21"/> |
| | 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) ▼ |
| | | [MEMO ITEM] |

| | |
|------------------------------------------------------------------|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1562.62"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Capitol Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.25455.1
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 7 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 338.43 |
|--------|

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Capitol Advisors, Inc.

Mailing Address PO Box 638

City Bethel State NC Zip Code 27812

Purpose of Disbursement
Administrative/Accounting Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.25414
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 7 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|---------|
| 6000.00 |
|---------|

C.

Full Name (Last, First, Middle Initial)
Capitol Advisors, Inc.

Mailing Address PO Box 638

City Bethel State NC Zip Code 27812

Purpose of Disbursement
Event Consulting Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.25427
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|---------|
| 1000.60 |
|---------|

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 7000.60 |
|---------|

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Capitol Advisors, Inc.

Transaction ID: SB17.25436
Date of Disbursement

Mailing Address PO Box 638

| | | | | | | | | | |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| ^M 1 | ^M 1 | / | ^D 0 | ^D 1 | / | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

City Bethel State NC Zip Code 27812

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement
Administrative/Accounting Consulting
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Capitol Advisors, Inc.

Transaction ID: SB17.25459
Date of Disbursement

Mailing Address PO Box 638

| | | | | | | | | | |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| ^M 1 | ^M 2 | / | ^D 0 | ^D 1 | / | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

City Bethel State NC Zip Code 27812

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement
Administrative/Accounting Consulting
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Transaction ID: SB17.25431
Date of Disbursement

Mailing Address 300 1st Street, SE

| | | | | | | | | | |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| ^M 1 | ^M 0 | / | ^D 2 | ^D 9 | / | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|---------|
| 1153.68 |
|---------|

Purpose of Disbursement
Food/Beverage
Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 5153.68 |
|---------|

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Employee Christmas Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25479</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Food/Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25442</p> <p>Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 69.06</p> |
| <p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Food/Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25471</p> <p>Date of Disbursement 12 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 31.15</p> |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 150.21 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Click & Pledge.com</p> <p>Mailing Address 2200 Kraft Drive, Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-3210</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25391</p> <p>Date of Disbursement 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 237.06</p> |
| <p>B. Full Name (Last, First, Middle Initial) Click & Pledge.com</p> <p>Mailing Address 2200 Kraft Drive, Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-3210</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25428</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 61.52</p> |
| <p>C. Full Name (Last, First, Middle Initial) Click & Pledge.com</p> <p>Mailing Address 2200 Kraft Drive, Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060-3210</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25445</p> <p>Date of Disbursement 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 9.99</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

308.57

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Click & Pledge.com <hr/> Mailing Address 2200 Kraft Drive, Suite 1175 <hr/> City Blacksburg State VA Zip Code 24060-3210 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25461 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 173.92 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) CM&Co, LLC <hr/> Mailing Address PO Box 97275 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement Direct Mail Management Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25443 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 450.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) CM&Co, LLC <hr/> Mailing Address PO Box 97275 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement Accounting Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25444 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 939.24 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1563.16

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Flat Creek Management, LLC | Transaction ID: SB17.25393 Date of Disbursement |
| | Mailing Address 1708 21st Avenue S #140 | <input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Nashville State TN Zip Code 37212 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Web Hosting | <input type="text" value="120.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Flat Creek Management, LLC | Transaction ID: SB17.25451 Date of Disbursement |
| | Mailing Address 1708 21st Avenue S #140 | <input type="text" value="11"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Nashville State TN Zip Code 37212 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Web Hosting | <input type="text" value="120.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Flat Creek Management, LLC | Transaction ID: SB17.25469 Date of Disbursement |
| | Mailing Address 1708 21st Avenue S #140 | <input type="text" value="12"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Nashville State TN Zip Code 37212 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Web Hosting | <input type="text" value="120.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="360.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) GMAC SmartLease | Transaction ID: SB17.25441 Date of Disbursement 11 / 12 / 2009 |
| | Mailing Address PO Box 70309 | |
| | City Charlotte State NC Zip Code 28272-0309 | Amount of Each Disbursement this Period 1593.71 |
| | Purpose of Disbursement Campaign Car Lease Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) GMAC SmartLease | Transaction ID: SB17.25467 Date of Disbursement 12 / 20 / 2009 |
| | Mailing Address PO Box 70309 | |
| | City Charlotte State NC Zip Code 28272-0309 | Amount of Each Disbursement this Period 738.55 |
| | Purpose of Disbursement Campaign Car Lease Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Greenville Country Club | Transaction ID: SB17.25410 Date of Disbursement 10 / 07 / 2009 |
| | Mailing Address 216 Country Club Drive | |
| | City Greenville State NC Zip Code 27834 | Amount of Each Disbursement this Period 3458.34 |
| | Purpose of Disbursement Food/Beverage Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5790.60 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Macon Consulting <hr/> Mailing Address PO Box 3962 <hr/> City Greenville State NC Zip Code 27836 <hr/> Purpose of Disbursement Management Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25388 Date of Disbursement 10 / 01 / 2009 | Amount of Each Disbursement this Period 7500.00 |
| B. | Full Name (Last, First, Middle Initial) Macon Consulting <hr/> Mailing Address PO Box 3962 <hr/> City Greenville State NC Zip Code 27836 <hr/> Purpose of Disbursement Management Consulting: Mileage/Food/Beverage/Phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25389 Date of Disbursement 10 / 01 / 2009 | Amount of Each Disbursement this Period 271.19 |
| C. | Full Name (Last, First, Middle Initial) Macon Consulting <hr/> Mailing Address PO Box 3962 <hr/> City Greenville State NC Zip Code 27836 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25423 Date of Disbursement 10 / 12 / 2009 | Amount of Each Disbursement this Period 10000.00 |

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) | 17771.19 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Macon Consulting</p> <p>Mailing Address PO Box 3962</p> <p>City Greenville State NC Zip Code 27836</p> <p>Purpose of Disbursement Management Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25434</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Macon Consulting</p> <p>Mailing Address PO Box 3962</p> <p>City Greenville State NC Zip Code 27836</p> <p>Purpose of Disbursement Management Consulting: Mileage/Food/Beverage/Lodging/Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25435</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1063.45"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Macon Consulting</p> <p>Mailing Address PO Box 3962</p> <p>City Greenville State NC Zip Code 27836</p> <p>Purpose of Disbursement Management Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25454</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Parker's Barbeque Restaurant

Transaction ID: SB17.25398

Date of Disbursement

| | | | | |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|
| ^M 1 ^M 0 | / | ^D 0 ^D 7 | / | ^Y 2 ^Y 0 ^Y 0 ^Y 9 |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|

Mailing Address 3109 South Memorial Drive

Amount of Each Disbursement this Period

| |
|---------|
| 1408.97 |
|---------|

City Greenville State NC Zip Code 27834

Purpose of Disbursement
Food/Beverage

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Public Storage

Transaction ID: SB17.25433

Date of Disbursement

| | | | | |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|
| ^M 1 ^M 0 | / | ^D 2 ^D 9 | / | ^Y 2 ^Y 0 ^Y 0 ^Y 9 |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|

Mailing Address 6220 Creedmoor Road

Amount of Each Disbursement this Period

| |
|--------|
| 163.00 |
|--------|

City Raleigh State NC Zip Code 27612

Purpose of Disbursement
Storage Unit Fee

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Public Storage

Transaction ID: SB17.25452

Date of Disbursement

| | | | | |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|
| ^M 1 ^M 1 | / | ^D 2 ^D 4 | / | ^Y 2 ^Y 0 ^Y 0 ^Y 9 |
|-------------------------------|---|-------------------------------|---|-------------------------------------------------------------|

Mailing Address 6220 Creedmoor Road

Amount of Each Disbursement this Period

| |
|--------|
| 163.00 |
|--------|

City Raleigh State NC Zip Code 27612

Purpose of Disbursement
Storage Unit Fee

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1734.97 |
|---------|

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

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|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 6220 Creedmoor Road</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Storage Unit Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25470</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="163.00"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address University Station 10th Street</p> <p>City Greenville State NC Zip Code 27836</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25429</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="220.00"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17577</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.25432</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.93"/></p> |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="520.93"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 58

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Phone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25450 Date of Disbursement 11 / 24 / 2009 Amount of Each Disbursement this Period 224.88 |
| B. | Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Phone Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25468 Date of Disbursement 12 / 20 / 2009 Amount of Each Disbursement this Period 76.07 |
| C. | Full Name (Last, First, Middle Initial) White Swan BBQ Mailing Address PO Box 249 City Four Oaks State NC Zip Code 27524 Purpose of Disbursement Food/Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.25438 Date of Disbursement 11 / 02 / 2009 Amount of Each Disbursement this Period 720.00 |

| | |
|--------------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1020.95 |
| TOTAL This Period (last page this line number only) ▶ | 80539.50 |

**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 58 / 58

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A.

Full Name (Last, First, Middle Initial)
THE FREEDOM IN TRUTH TRUST

Transaction ID: SB21.25478

Date of Disbursement

Mailing Address PO Box 984

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 1 | 9 | | 2 | 0 | 0 | 9 |

City Willows State CA Zip Code 95988

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
Non-Federal Donation

| |
|--|
| |
|--|

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|---------|
| 1000.00 |
|---------|