

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

McCrery for Congress Committee

ADDRESS (number and street) Post Office Box 52956

Check if different than previously reported. (ACC)

Shreveport LA 71135

2. **FEC IDENTIFICATION NUMBER** C00220186

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

CITY STATE ZIP CODE STATE DISTRICT

LA 04

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 2007 through 12 31 2007

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

Type or Print Name of Treasurer Bobby E. Jelks

Signature of Treasurer Electronically Filed by Bobby E. Jelks Date 12 31 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

McCrery for Congress Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	190625.55	886977.29
(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)).....	190625.55	886977.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	111776.59	636445.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111776.59	636445.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	794967.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
McCreary for Congress Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	77500.00	339959.38
(i) Itemized (use Schedule A).....	200.00	1709.30
(ii) Unitemized.....	77700.00	341668.68
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	112925.55	545308.61
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	190625.55	886977.29
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	9001.57	27454.48
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	199627.12	914431.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	111776.59	636445.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	250000.00	515000.00
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.....	4025.01	50699.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	365801.60	1202144.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	961141.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	199627.12
25. SUBTOTAL (add Line 23 and Line 24).....	1160769.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	365801.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	794967.49

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
ACFAC

Mailing Address 4040 W 70th St

City State Zip Code
Minneapolis MN 55435-4104

FEC ID number of contributing federal political committee. **C** C00034785

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22522

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Adams And Reese PAC

Mailing Address Premier Tower 19th Floor
451 Florida Blvd.

City State Zip Code
Baton Rouge LA 70801

FEC ID number of contributing federal political committee. **C** C00226472

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22500

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AGL Resources Inc PAC

Mailing Address PO Box 4569

City State Zip Code
Atlanta GA 30302-4569

FEC ID number of contributing federal political committee. **C** C00145037

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22569

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 6 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address 1101 17th Street, NW
No. 600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22556

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
American Assoc. Of Nurse Anesthetists

Mailing Address CRNA PAC
412 First Street, SE, Suite 12

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22559

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22491

Amount of Each Receipt this Period
4000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
American College of Radiology PAC
Mailing Address 1701 Pennsylvania Avenue, NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00343459
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22552
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American College of Surgeons PAC
Mailing Address 1640 Wisconsin Avenue, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00382424
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22572
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Electric Power Committee PAC
Mailing Address 801 Pennsylvania Ave. NW Suite 214
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00096842
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22571
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 7000.00
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 8 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
American Gas Association PAC

Mailing Address 400 N. Capitol Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22609
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
Anheuser - Busch PAC

Mailing Address 1776 Eye Street, NW, Suite 200

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22554
 Amount of Each Receipt this Period 1500.00

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

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

Mailing Address 10801 Rockville Pike

City Rockville State MD Zip Code 20852-3226

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22514
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Bechtel PAC

Mailing Address 50 Beale St

City State Zip Code
San Francisco CA 94105-1813

FEC ID number of contributing federal political committee. C C00103697

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 71204.C22550

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield Assoc. PAC

Mailing Address 1310 G Street, NW, 12th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C C00194746

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 71204.C22578

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Blue Shield of California PAC

Mailing Address Post Office Box 7168

City State Zip Code
San Francisco CA 94105-1819

FEC ID number of contributing federal political committee. C C00340364

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 71204.C22577

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
BNSF RAILPAC

Mailing Address 700 13th Street, N.W.
Suite 220

City Washington State DC Zip Code 20005-5915

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22511
 Amount of Each Receipt this Period 5000.00

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

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

Mailing Address 1 Financial Ctr

City Boston State MA Zip Code 02111-2632

FEC ID number of contributing federal political committee. **C** C00410613

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22513
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address PO Box 4567

City Houston State TX Zip Code 77210-4567

FEC ID number of contributing federal political committee. **C** C00333534

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22610
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 8000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Charles Schwab Corporation PAC

Mailing Address 101 Montgomery Street

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00370114

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22520
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Chicago Board Options Exchange PAC

Mailing Address 400 South LaSalle Street

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22515
 Amount of Each Receipt this Period 2500.00

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

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

Mailing Address 750 East Pratt Street, 5th Floor

City Baltimore State MD Zip Code 21202

FEC ID number of contributing federal political committee. **C** C00041376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22544
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Council of Insurance Agents&Brokers PAC

Mailing Address 701 Pennsylvania Avenue, NW
No. 750

City Washington State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22553
 Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
Dow Chemical Co. Employees PAC

Mailing Address 2030 Dow Center

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22527
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 200 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22526
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
EXELON PAC

Mailing Address 101 Constitution Avenue, NW
Suite 400 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22523

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
EXELON PAC

Mailing Address 101 Constitution Avenue, NW
Suite 400 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22551

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Exxon Mobil Corporation PAC

Mailing Address 5959 Las Colinas Blvd.

City Irving State TX Zip Code 75039-2298

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22574

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Foley & Lardner Political Fund

Mailing Address 3000 K Street, NW, Suite 500

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00105338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22543
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Gentiva Health Services DBA Gentiva PAC

Mailing Address 12900 Foster Street

City Shawnee Mission State KS Zip Code 66213

FEC ID number of contributing federal political committee. **C** C00407080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22548
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Hewlett-Packard PAC

Mailing Address 3000 Hanover Street

City Palo Alto State CA Zip Code 94304

FEC ID number of contributing federal political committee. **C** C00196725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22555
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 15 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address Three Ravian Drive
Suite 2900

City Atlanta State GA Zip Code 30346

FEC ID number of contributing federal political committee. **C** C00084822

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22492
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1634 Eye Street, NW
Suite 300

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22508
 Amount of Each Receipt this Period 2000.00

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

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

Mailing Address 1101 Pennsylvania Avenue, NW
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22507
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 16 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Interstate Natural Gas Association

Mailing Address 10 G Street, NE, Suite 700

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00116145

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22611

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
ITW Better Government Committee

Mailing Address 3600 West Lake Avenue

City Glenview State IL Zip Code 60025

FEC ID number of contributing federal political committee. **C** C00000042

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22570

Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
KOCH Industries, Inc. PAC

Mailing Address 655 15th Street, NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22497

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 17 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Lyondell Chemical Company PAC

Mailing Address 1101 Pennsylvania Avenue, NW
Suite 515

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00306175

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22512
 Amount of Each Receipt this Period 1000.00

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

B.

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

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22518
 Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Medco Health PAC

Mailing Address 591 Redwood Hwy Ste 4000

City Mill Valley State CA Zip Code 94941-3039

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22546
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address One MetLife Plaza
27-01 Queens Plaza North, Area 4D

City State Zip Code
Long Island City NY 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22509

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mortgage Bankers Assoc. PAC

Mailing Address 1919 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20006-3438

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22547

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nat'l Assoc. Small Business Investments

Mailing Address 666 11th Street, NW
Suite 750

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00109991

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22493

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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 19 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King Street
Suite 600

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22557

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Council of Farmer CO-OP PAC

Mailing Address 50 F Street, NW, Suite 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22516

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Fuel Gas PAC

Mailing Address 6363 Main Street

City State Zip Code
Williamsville NY 14221

FEC ID number of contributing federal political committee. **C** C00083758

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22530

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
National Rifle Association PAC

Mailing Address 11250 Waples Mill Road

City State Zip Code
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22558

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
New York Life PAC

Mailing Address 51 Madison Avenue

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22496

Amount of Each Receipt this Period

5000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Oppenheimer Funds PAC

Mailing Address Two World Financial Center

City State Zip Code
New York NY 10080

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22517

Amount of Each Receipt this Period

3000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

9000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22510

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 400 North 5th Street

City Phoenix State AZ Zip Code 85004

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22573

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Plum Creek Timber Company Good Gov. Fund

Mailing Address 999 Third Avenue

City Seattle State WA Zip Code 98104

FEC ID number of contributing federal political committee. **C** C00255224

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22575

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 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

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
PMI Mortgage Insurance Co. PAC
Mailing Address 3003 Oak Rd
City Walnut Creek State CA Zip Code 94597-4541
FEC ID number of contributing federal political committee. **C** C00347112
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22529
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PPL People for Good Government
Mailing Address Two North Ninth Street
City Allentown State PA Zip Code 18101
FEC ID number of contributing federal political committee. **C** C00228106
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22528
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Prinpac
Mailing Address 711 High Street
City Des Moines State IA Zip Code 50392
FEC ID number of contributing federal political committee. **C** C00128918
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22545
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 23 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address 1420 New York Avenue, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22521
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22494
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 12061 Bluemont Way

City Reston State VA Zip Code 20190-5684

FEC ID number of contributing federal political committee. **C** C00331835

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22490
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 96
(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)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Schering-Plough Better Government Fund

Mailing Address 1130 Connecticut Ave NW Ste 500

City State Zip Code
Washington DC 20036-3980

FEC ID number of contributing federal political committee. **C** C00108290

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22501

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Seniors Housing Association PAC

Mailing Address 5100 Wisconsin Avenue, NW Suite 307

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22519

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address 702 North Franklin Street

City State Zip Code
Tampa FL 33602

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22612

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 96
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial)
 The Intuit 21st Century Leadership Fund

Mailing Address 6220 Greenwich Dr

City San Diego State CA Zip Code 92122-5913

FEC ID number of contributing federal political committee. **C** C00361741

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22506

Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
 The Williams Companies PAC

Mailing Address 1627 I Street, NW, Suite 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22549

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address Post Office Box 5000

City Pineville State LA Zip Code 71361-5000

FEC ID number of contributing federal political committee. **C** C00165878

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22524

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Visa U.S.A. Inc PAC

Mailing Address 1300 Connecticut Ave NW Ste 900

City State Zip Code
Washington DC 20036-1714

FEC ID number of contributing federal political committee. **C** C00365122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: 71204.C22576

Amount of Each Receipt this Period

2000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
VSAPAC

Mailing Address 101 Constitution Ave NW Ste 600W
Suite 600 W

City State Zip Code
Washington DC 20001-2147

FEC ID number of contributing federal political committee. **C** C00369058

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1625.55

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22525

Amount of Each Receipt this Period

1625.55

In-Kind

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

room rental, staffing, caterer

C.

Full Name (Last, First, Middle Initial)
Weyerhaeuser PAC

Mailing Address 1100 Connecticut Avenue, NW, Suite

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 71204.C22567

Amount of Each Receipt this Period

3000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

6625.55

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 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Weyerhaeuser PAC

Mailing Address 1100 Connecticut Avenue, NW, Suite

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22568

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	112925.55

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 96
(check only one)

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

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

NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Philmore Anderson

Mailing Address 2354 N Fillmore St

City Arlington State VA Zip Code 22207-4954

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

Name of Employer Navigators Occupation partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22538

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Laurin Baker

Mailing Address 828 Slaters Ln Apt 106

City Alexandria State VA Zip Code 22314-1265

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

Name of Employer The Laurin Baker Group Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22582

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Earl Ray Beeman

Mailing Address 8454 Clover Leaf Dr

City Mc Lean State VA Zip Code 22102-2227

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

Name of Employer Venable Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22502

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 29 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey Bornstein
Mailing Address 174 Branchville Rd
City Ridgefield State CT Zip Code 06877-5115
FEC ID number of contributing federal political committee. **C**
Name of Employer GE Commercial Finance Occupation CFO
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2008.00
Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22590
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laura Branson
Mailing Address 451 Lakeland Dr Apt E2
City Hot Springs Natl P State AR Zip Code 71913-7676
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 11 / 30 / 2007
Transaction ID: 71204.C22592
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
B. Jeffrey Brooks
Mailing Address 5625 James Gunnell Ln
City Alexandria State VA Zip Code 22310-1159
FEC ID number of contributing federal political committee. **C**
Name of Employer Adams & Reesé Occupation Attorney
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 71204.C22499
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
James Doug Brown

Mailing Address 5009 Feliciana Drive

City State Zip Code
Bossier City LA 71112

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

Name of Employer Occupation
Brown Builders Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 71204.C22583

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Francis Burke

Mailing Address 640 Spruce Ln

City State Zip Code
Berwyn PA 19312-1457

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

Name of Employer Occupation
1934 Group partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 71204.C22532

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 11 E 68th St Apt 6D

City State Zip Code
New York NY 10021-4955

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

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

Transaction ID: 71204.C22606

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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 31 / 96
	<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)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Cesar Conda		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 901 7th St NW Ste 200		Transaction ID: 71204.C22533
	City Washington	State DC	Zip Code 20001-3881
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer DC Navigators	Occupation partner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Christopher Cox		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 3106 Russell Road		Transaction ID: 71204.C22537
	City Alexandria	State VA	Zip Code 22305
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer DC Navigators	Occupation Vice President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Brackett Denniston		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1081 Hillside Road		Transaction ID: 71204.C22585
	City Fairfield	State CT	Zip Code 06430
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer GE Commercial Finance	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address 1 Mayflower Pkwy

City State Zip Code
Westport CT 06880-6011

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

Name of Employer Occupation
The Blackstone Group Executive

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 71204.C22603

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 422 E 72nd St Apt 9A

City State Zip Code
New York NY 10021-4618

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

Name of Employer Occupation
The Blackstone Group Executive

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 71204.C22600

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Howard Gellis

Mailing Address 7 Swale Ln

City State Zip Code
Short Hills NJ 07078-1900

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

Name of Employer Occupation
The Blackstone Group Executive

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

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 71204.C22602

Amount of Each Receipt this Period
2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 96
(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)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Salvatore Gentile

Mailing Address 179 Washington Ave

City Chatham State NJ Zip Code 07928-1862

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

Name of Employer The Blackstone Group Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22601

Amount of Each Receipt this Period 2300.00

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

B.

Full Name (Last, First, Middle Initial)
Mimi Hedgcock

Mailing Address 518 Slattery Blvd

City Shreveport State LA Zip Code 71104-5028

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

Name of Employer Christus Schumpert Occupation Director of Advocacy

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 71204.C22565

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Glynda Hicks

Mailing Address 611 Loch Ridge

City Shreveport State LA Zip Code 71106

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 71204.C22581

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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 34 / 96
	<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)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Andrew Howell		Date of Receipt
	Mailing Address 5205 Danbury Rd		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bethesda	MD	20814-2868
	FEC ID number of contributing federal political committee. C		Transaction ID: 71204.C22539
Name of Employer Monument Policy Group		Occupation partner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Hamilton James		Date of Receipt
	Mailing Address 1001 Park Ave		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	New York	NY	10028-0935
	FEC ID number of contributing federal political committee. C		Transaction ID: 71204.C22594
Name of Employer The Blackstone Group		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2300.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Joel Kaplan		Date of Receipt
	Mailing Address 2335 N Nottingham St		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Arlington	VA	22205-3345
	FEC ID number of contributing federal political committee. C		Transaction ID: 71204.C22498
Name of Employer Van Scoyoc Assoc.		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4800.00"/>
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: (check only one)	PAGE 35 / 96
	<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)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Arthur Lifson	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 5816 Linden Square Court	Transaction ID: 71204.C22535
	City State Zip Code Rockville MD 20852-5561	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Art Lifson Consulting, LLC Principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Michael H. Lyman	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 6050 78th Avenue, SE	Transaction ID: 71204.C22560
	City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Lyman Tinsley Group Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Jane Mattoon	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 6344 Cavalier Corridor	Transaction ID: 71204.C22534
	City State Zip Code Falls Church VA 22044-1203	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation n/a housewife	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	fundraising expenses-cate- ring

SUBTOTAL of Receipts This Page (optional)	1850.00
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 36 / 96
	<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)
 McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Prakash Melwani

Mailing Address 345 Park Ave

City State Zip Code
New York NY 10154-0001

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22599

Amount of Each Receipt this Period
 2300.00

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

B.

Full Name (Last, First, Middle Initial)
Tom Middleton

Mailing Address 667 Esplanade

City State Zip Code
Pelham NY 10803-2405

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22604

Amount of Each Receipt this Period
 2300.00

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

C.

Full Name (Last, First, Middle Initial)
Manish Mittal

Mailing Address 170 E 87th St Ph 1C

City State Zip Code
New York NY 10128-2214

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22596

Amount of Each Receipt this Period
 2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Garrett Moran

Mailing Address 345 Park Ave

City State Zip Code
New York NY 10154-0001

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22579

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
J. Keith Morgan

Mailing Address 901 Main Ave Ste 800

City State Zip Code
Norwalk CT 06851-1187

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

Name of Employer Occupation
GE Commercial Finance Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22588

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
James Morrison

Mailing Address 710 N 64th St

City State Zip Code
Waco TX 76710-4387

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

Name of Employer Occupation
Jim Morrison Financial Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22561

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional) ► **4100.00**

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 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sylvia Moss

Mailing Address 300 E 57th St Apt 15C

City State Zip Code
New York NY 10022-2930

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

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

Transaction ID: 71204.C22595

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Laurence Nath

Mailing Address 7 W 81st St Apt 12B

City State Zip Code
New York NY 10024-6049

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

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

Transaction ID: 71204.C22580

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Raffiq Nathoo

Mailing Address 345 Park Ave

City State Zip Code
New York NY 10154-0001

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

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

Transaction ID: 71204.C22608

Amount of Each Receipt this Period
2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 96
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

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

Mailing Address 4 Fraser Ln

City State Zip Code
Westport CT 06880-1322

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

Name of Employer Occupation
GE Commercial Finance Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22589

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 895 Park Ave # 15A

City State Zip Code
New York NY 10021-0327

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22607

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 257 Dolphin Cove

City State Zip Code
Stamford CT 06902

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

Name of Employer Occupation
GE Commercial Finance Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71204.C22586

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6300.00**

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 40 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A. Full Name (Last, First, Middle Initial)
Barbara Pate

Mailing Address 544 North Saint Asaph Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Bracewell & Giuliani partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
James Quella

Mailing Address 22 W 66th St Apt 12

City State Zip Code
New York NY 10023-6207

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

Name of Employer Occupation
The Blackstone Group Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

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

C. Full Name (Last, First, Middle Initial)
Maricopa Indian Comm Salt River Pima

Mailing Address 10005 E. Osborn Road

City State Zip Code
Scottsdale AZ 85256

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

Name of Employer Occupation
n/a n/a

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 96

(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)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Maricopa Indian Comm Salt River Pima

Mailing Address 10005 E. Osborn Road

City State Zip Code
Scottsdale AZ 85256

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

Name of Employer Occupation
n/a n/a

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22541

Amount of Each Receipt this Period

2300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
John M. Samuels

Mailing Address 270 Old Church Rd

City State Zip Code
Greenwich CT 06830-4823

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

Name of Employer Occupation
GE Commercial Finance Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: 71204.C22587

Amount of Each Receipt this Period

2000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Jan Schoonmaker

Mailing Address 147 E. Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Van Scoyoc Assoc. Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 71204.C22504

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

4800.00

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 42 / 96
	<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)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Paul Schorr IV	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 720 Park Ave Apt 5A	Transaction ID: 71204.C22598
	City State Zip Code New York NY 10021-4954	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Blackstone Group Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Stephen Schwarzman	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 345 Park Ave 31st Floor	Transaction ID: 71204.C22593
	City State Zip Code New York NY 10154-0004	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Blackstone Group Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Keith Sherin	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 42 Michaels Way	Transaction ID: 71204.C22591
	City State Zip Code Weston CT 06883-1631	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation GE Commercial Finance Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	6600.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 43 / 96
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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Thomas Smith	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 16 Oriole Ave	Transaction ID: 71204.C22536
	City State Zip Code Bronxville NY 10708-2512	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self-employed Lobbyist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Artis Terrell	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 3625 Sunset Drive	Transaction ID: 71204.C22562
	City State Zip Code Shreveport LA 71109	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Williams Capital Group, L.P. Principal	
Receipt For: 2008 <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) Patricia Van Scoyoc	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 131 Yarnick Rd	Transaction ID: 71204.C22505
	City State Zip Code Great Falls VA 22066-3525	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Van Scoyoc Assoc. President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 44 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Charles Verdery	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 3153 21st St N	Transaction ID: 71204.C22503
	City State Zip Code Arlington VA 22201-5107	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Monument Policy Group Occupation: partner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) John C. Watson	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 3816 A North Elm Street	Transaction ID: 71204.C22531
	City State Zip Code Greensboro NC 27401	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Lawson & Watson, LLC Occupation: partner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Bruce Williams	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 437 Dunmoreland Circle	Transaction ID: 71204.C22563
	City State Zip Code Shreveport LA 71106	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer: Self-employed Occupation: physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	2400.00
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 45 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

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

Mailing Address 437 Dunmoreland Circle

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Self-employed physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 71204.C22564

Amount of Each Receipt this Period

200.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Steven Zelin

Mailing Address 22 Bonnie Briar Ln

City State Zip Code
Larchmont NY 10538-1348

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

Name of Employer Occupation
The Blackstone Group Executive

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

Date of Receipt

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

Transaction ID: 71204.C22605

Amount of Each Receipt this Period

2300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

77500.00

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

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

FOR LINE NUMBER: PAGE 46 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City State Zip Code
Shreveport LA 71101-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14025.04

Date of Receipt

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

Transaction ID: 71113.C22489

Amount of Each Receipt this Period
1151.68

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

B.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City State Zip Code
Shreveport LA 71101-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15102.37

Date of Receipt

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

Transaction ID: 71204.C22613

Amount of Each Receipt this Period
1077.33

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

C.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City State Zip Code
Shreveport LA 71101-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16188.38

Date of Receipt

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

Transaction ID: 80129.C22615

Amount of Each Receipt this Period
1086.01

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

SUBTOTAL of Receipts This Page (optional) ► **3315.02**

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 47 / 96	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial) Red River Bank		Date of Receipt
Mailing Address PO Box 12550		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
Alexandria	LA	71315-2550
FEC ID number of contributing federal political committee.		Transaction ID: 80129.C22616
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5686.55"/>
Occupation		Interest Received
Election Cycle-to-Date ▼		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	<input type="text" value="11266.10"/>	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5686.55"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9001.57"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
A Piece of Cake

Mailing Address 171 Albany Ave

City Shreveport State LA Zip Code 71105-2101

Purpose of Disbursement
event catering expense
Candidate Name

003
Category/
Type

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

Transaction ID: 71204.E6976
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

569.43

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

EVENT CATERING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 10 G Street Northeast

City Washington State DC Zip Code 20002-

Purpose of Disbursement
travel expense
Candidate Name

002
Category/
Type

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

Transaction ID: 71204.E7002
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

355.00

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
AT&T Wireless

Mailing Address Post Office Box 8229

City Aurora State IL Zip Code 60572-8229

Purpose of Disbursement
monthly blackberry service
Candidate Name

001
Category/
Type

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

Transaction ID: 71113.E6949
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

262.04

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

MONTHLY BLACKBERRY SERVICE

SUBTOTAL of Disbursements This Page (optional)

1186.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address Post Office Box 8229</p> <p>City Aurora State IL Zip Code 60572-8229</p> <p>Purpose of Disbursement equipment</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: 71204.E7069</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 31.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EQUIPMENT</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address Post Office Box 8229</p> <p>City Aurora State IL Zip Code 60572-8229</p> <p>Purpose of Disbursement monthly cellular service</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: 71204.E6985</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 328.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY CELLULAR SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) B is for Blossoms</p> <p>Mailing Address 720 Azalea Drive</p> <p>City Shreveport State LA Zip Code 71106-</p> <p>Purpose of Disbursement memorial-flowers</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: 71204.E7028</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 49.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEMORIAL-FLOWERS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

409.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Bags & Bows Mailing Address 33 Union Ave. City Sudbury State MA Zip Code 01776-2267 Purpose of Disbursement event supply expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7041 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 242.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT SUPPLY EXPENSE
B.	Full Name (Last, First, Middle Initial) Bags & Bows Mailing Address 33 Union Ave. City Sudbury State MA Zip Code 01776-2267 Purpose of Disbursement event supply expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7032 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 432.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT SUPPLY EXPENSE
C.	Full Name (Last, First, Middle Initial) Barbour, Griffith & Rogers LLC Mailing Address PO Box 14416 City Washington State DC Zip Code 20044-4416 Purpose of Disbursement event rental expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6940 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT RENTAL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	925.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BellSouth</p> <p>Mailing Address Post Office Box 740144</p> <p>City Atlanta State GA Zip Code 30374-0144</p> <p>Purpose of Disbursement monthly phone 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: 71204.E7062</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 55.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY PHONE SERVICE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BellSouth</p> <p>Mailing Address Post Office Box 740144</p> <p>City Atlanta State GA Zip Code 30374-0144</p> <p>Purpose of Disbursement monthly phone 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: 71204.E7061</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 220.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY PHONE SERVICE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BellSouth</p> <p>Mailing Address Post Office Box 740144</p> <p>City Atlanta State GA Zip Code 30374-0144</p> <p>Purpose of Disbursement monthly phone 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: 71204.E7015</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 218.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY PHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional)	494.91
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 96

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) BellSouth <hr/> Mailing Address Post Office Box 740144 <hr/> City Atlanta State GA Zip Code 30374-0144 <hr/> Purpose of Disbursement monthly phone service 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: 71204.E7016 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 55.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Broadmoor Florist <hr/> Mailing Address 3803 Youree Drive <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement flowers 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: 71204.E7076 Date of Disbursement 11 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 78.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FLOWERS
C.	Full Name (Last, First, Middle Initial) Broadmoor Florist <hr/> Mailing Address 3803 Youree Drive <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement event florist expense 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: 71204.E6957 Date of Disbursement 11 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FLORIST EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1833.83

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Broadmoor Florist

Mailing Address 3803 Youree Drive

City Shreveport State LA Zip Code 71105-

Purpose of Disbursement
event florist expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71204.E6972
Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

330.82

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

EVENT FLORIST EXPENSE

B.

Full Name (Last, First, Middle Initial)
Broadmoor Florist

Mailing Address 3803 Youree Drive

City Shreveport State LA Zip Code 71105-

Purpose of Disbursement
flowers

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71204.E7025
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

81.45

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

FLOWERS

C.

Full Name (Last, First, Middle Initial)
Campaign Solutions

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement
website development

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71113.E6933
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

400.00

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

WEBSITE DEVELOPMENT

SUBTOTAL of Disbursements This Page (optional) ▶

812.27

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City Shreveport State LA Zip Code 71101-

Purpose of Disbursement
bank charge
Candidate Name

001
Category/
Type

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

Transaction ID: 71113.E6952
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

32.00

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

BANK CHARGE

B.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City Shreveport State LA Zip Code 71101-

Purpose of Disbursement
taxes
Candidate Name

001
Category/
Type

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

Transaction ID: 71113.E6942
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1336.81

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

TAXES

C.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City Shreveport State LA Zip Code 71101-

Purpose of Disbursement
cash for event tips
Candidate Name

003
Category/
Type

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

Transaction ID: 71204.E6980
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

200.00

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

CASH FOR EVENT TIPS

SUBTOTAL of Disbursements This Page (optional)

1568.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 333 Travis Street</p> <p>City Shreveport State LA Zip Code 71101-</p> <p>Purpose of Disbursement finance charge</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: 71204.E6993</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 111.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FINANCE CHARGE</p>
<p>B. Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 333 Travis Street</p> <p>City Shreveport State LA Zip Code 71101-</p> <p>Purpose of Disbursement taxes</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: 71204.E6964</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1360.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TAXES</p>
<p>C. Full Name (Last, First, Middle Initial) Capital One</p> <p>Mailing Address 333 Travis Street</p> <p>City Shreveport State LA Zip Code 71101-</p> <p>Purpose of Disbursement taxes</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: 80129.E7091</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 770.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TAXES</p>

SUBTOTAL of Disbursements This Page (optional)	2242.12
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address 333 Travis Street

City Shreveport State LA Zip Code 71101-

Purpose of Disbursement
taxes

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80129.E7090
Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

2071.16

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

TAXES

B.

Full Name (Last, First, Middle Initial)
Bill Causey

Mailing Address 10840 Longfellow Trace

City Shreveport State LA Zip Code 71106-

Purpose of Disbursement
event music expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71204.E6968
Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

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

EVENT MUSIC EXPENSE

C.

Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address 6529 Quilen Road

City Shreveport State LA Zip Code 71108-

Purpose of Disbursement
monthly service

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71113.E6930
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

133.90

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

MONTHLY SERVICE

SUBTOTAL of Disbursements This Page (optional)

3705.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 6529 Quilen Road</p> <p>City Shreveport State LA Zip Code 71108-</p> <p>Purpose of Disbursement monthly service</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: 71204.E6959</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="133.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY SERVICE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address 6529 Quilen Road</p> <p>City Shreveport State LA Zip Code 71108-</p> <p>Purpose of Disbursement monthly service</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: 80129.E7102</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="133.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY SERVICE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CPL Media Marketing</p> <p>Mailing Address 4219 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement direct mail expense</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: 71204.E6986</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="194.09"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="461.89"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Elizabeth Delaney	Transaction ID: 71113.E6946 Date of Disbursement 10 / 23 / 2007
	Mailing Address 2712 Wisconsin Avenue, NW Apartment 408	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consultant fee Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTANT FEE

B.	Full Name (Last, First, Middle Initial) Elizabeth Delaney	Transaction ID: 71204.E6981 Date of Disbursement 11 / 28 / 2007
	Mailing Address 2712 Wisconsin Avenue, NW Apartment 408	Amount of Each Disbursement this Period 6000.00
	City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consultant fee Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTANT FEE

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 71113.E6918 Date of Disbursement 10 / 10 / 2007
	Mailing Address Post Office Box 45007	Amount of Each Disbursement this Period 319.60
	City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense Candidate Name	002 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) ▼
		TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	9319.60
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)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71113.E6916 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 14.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71113.E6917 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 71204.E7048 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 133.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	167.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7046 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 79.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7047 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 334.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7045 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 8.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	422.26
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7003
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

334.41

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7013
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

631.59

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7005
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

1006.00

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)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	Transaction ID: 71204.E7004 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 334.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	Transaction ID: 71204.E7007 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 334.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	Transaction ID: 71204.E7008 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 334.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1003.23
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7006
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

154.99

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRAVEL EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7012
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

631.59

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRAVEL EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 71204.E7011
Date of Disbursement

Mailing Address Post Office Box 45007

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

City Atlanta State GA Zip Code 30320-

Amount of Each Disbursement this Period

80.00

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRAVEL EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

866.58

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)
McCrery for Congress Committee

A. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7010 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	Amount of Each Disbursement this Period <input type="text" value="631.59"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
	<input type="text" value="002"/> Category/ Type
B. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7009 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	Amount of Each Disbursement this Period <input type="text" value="631.59"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
	<input type="text" value="002"/> Category/ Type
C. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6995 Date of Disbursement <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	Amount of Each Disbursement this Period <input type="text" value="437.80"/>
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
	<input type="text" value="002"/> Category/ Type

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)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6996 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 437.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6999 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 691.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address Post Office Box 45007 City Atlanta State GA Zip Code 30320- Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7000 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 377.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	002 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	1507.30
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Post Office Box 45007</p> <p>City Atlanta State GA Zip Code 30320-</p> <p>Purpose of Disbursement travel expense</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: 71204.E6997</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="437.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Post Office Box 45007</p> <p>City Atlanta State GA Zip Code 30320-</p> <p>Purpose of Disbursement travel expense</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: 71204.E6998</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="437.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Post Office Box 45007</p> <p>City Atlanta State GA Zip Code 30320-</p> <p>Purpose of Disbursement travel expense</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: 71204.E6994</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="437.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1313.40"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Federal City Caterers			Transaction ID: 80129.E7094 Date of Disbursement 1 2 / 2 7 / 2 0 0 7	
	Mailing Address 1119 12th St NW			Amount of Each Disbursement this Period 14781.60	
	City Washington	State DC	Zip Code 20005-4632	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE	
	Purpose of Disbursement event catering expense		Category/ Type 003		
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) Federal Express			Transaction ID: 71113.E6937 Date of Disbursement 1 0 / 1 0 / 2 0 0 7	
	Mailing Address Post Office Box 44465			Amount of Each Disbursement this Period 22.33	
	City Memphis	State TN	Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING	
	Purpose of Disbursement shipping		Category/ Type 001		
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) Federal Express			Transaction ID: 71113.E6938 Date of Disbursement 1 0 / 2 3 / 2 0 0 7	
	Mailing Address Post Office Box 44465			Amount of Each Disbursement this Period 70.80	
	City Memphis	State TN	Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING	
	Purpose of Disbursement shipping		Category/ Type 001		
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) ▶

14874.73

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address Post Office Box 44465</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement shipping</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: 71204.E6960</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 42.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address Post Office Box 44465</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement shipping</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: 71204.E6974</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 34.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address Post Office Box 44465</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement shipping</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: 71204.E6984</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 231.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

307.57

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)
McCrery for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address Post Office Box 44465</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement shipping</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: 80129.E7101</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 239.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>B. Full Name (Last, First, Middle Initial) Britney George</p> <p>Mailing Address 6418 Soda Point Drive</p> <p>City Shreveport State LA Zip Code 71107-</p> <p>Purpose of Disbursement salary</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: 71113.E6943</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 2443.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p>C. Full Name (Last, First, Middle Initial) Britney George</p> <p>Mailing Address 6418 Soda Point Drive</p> <p>City Shreveport State LA Zip Code 71107-</p> <p>Purpose of Disbursement salary</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: 71204.E6963</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 2443.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>

SUBTOTAL of Disbursements This Page (optional)	5125.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Britney George

Mailing Address 6418 Soda Point Drive

City Shreveport State LA Zip Code 71107-

Purpose of Disbursement salary

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 71204.E6989
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

3531.35

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

SALARY

B.

Full Name (Last, First, Middle Initial)
Britney George

Mailing Address 6418 Soda Point Drive

City Shreveport State LA Zip Code 71107-

Purpose of Disbursement salary

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80129.E7103
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2443.10

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

SALARY

C.

Full Name (Last, First, Middle Initial)
Graphic Industries

Mailing Address Post Office Box 1102

City Shreveport State LA Zip Code 71163-

Purpose of Disbursement printing expense

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80129.E7104
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

1473.00

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

PRINTING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

7447.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Harris Teeter

Mailing Address 900 Army Navy Drive

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
event catering expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71204.E7055
Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

130.79

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

EVENT CATERING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Dale Hubbard

Mailing Address c/o Caddo Parish Sheriffs Office
501 Texas Street

City Shreveport State LA Zip Code 71101-

Purpose of Disbursement
event security expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71204.E6978
Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

125.00

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

EVENT SECURITY EXPENSE

C.

Full Name (Last, First, Middle Initial)
Ms. Sarah Kueker

Mailing Address 1938 Bayou Drive

City Shreveport State LA Zip Code 71105-

Purpose of Disbursement
salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71113.E6945
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1761.00

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

SALARY

SUBTOTAL of Disbursements This Page (optional)

2016.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Sarah Kueker

Transaction ID: 71113.E6944
Date of Disbursement

Mailing Address 1938 Bayou Drive

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

City Shreveport State LA Zip Code 71105-

Amount of Each Disbursement this Period

99.43

Purpose of Disbursement
mileage

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MILEAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Sarah Kueker

Transaction ID: 71204.E6969
Date of Disbursement

Mailing Address 1938 Bayou Drive

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

City Shreveport State LA Zip Code 71105-

Amount of Each Disbursement this Period

100.88

Purpose of Disbursement
mileage

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MILEAGE

State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Sarah Kueker

Transaction ID: 71204.E6970
Date of Disbursement

Mailing Address 1938 Bayou Drive

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

City Shreveport State LA Zip Code 71105-

Amount of Each Disbursement this Period

1816.86

Purpose of Disbursement
salary

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional)

2017.17

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)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Ms. Sarah Kueker <hr/> Mailing Address 1938 Bayou Drive <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6987 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 113.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE
B.	Full Name (Last, First, Middle Initial) Ms. Sarah Kueker <hr/> Mailing Address 1938 Bayou Drive <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6988 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 2413.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
C.	Full Name (Last, First, Middle Initial) LA Department Of Revenue And Taxation <hr/> Mailing Address Post Office Box 91017 <hr/> City Baton Rouge State LA Zip Code 70821-9017 <hr/> Purpose of Disbursement taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6932 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 488.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	3014.49
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)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Louisiana Political Fax Weekly

Transaction ID: 80129.E7092
Date of Disbursement

Mailing Address Post Office Box 6

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

City Baton Rouge State LA Zip Code 70821-0006

Amount of Each Disbursement this Period

145.00

Purpose of Disbursement
subscription

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SUBSCRIPTION

State: District:

B.

Full Name (Last, First, Middle Initial)
Jane Mattoon

Transaction ID: 71204.C22534IK
Date of Disbursement

Mailing Address 6344 Cavalier Corridor

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

City Falls Church State VA Zip Code 22044-1203

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
fundraising expenses-catering

--

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

IN KIND: FUNDRAISING EXPENSES-CATERING

State: District:

C.

Full Name (Last, First, Middle Initial)
Midwest Airlines

Transaction ID: 71113.E6922
Date of Disbursement

Mailing Address 67445 Howell Avenue

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

City Oak Creek State WI Zip Code 53154-

Amount of Each Disbursement this Period

506.90

Purpose of Disbursement
travel expense

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL EXPENSE

State: District:

SUBTOTAL of Disbursements This Page (optional)

1301.90

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)
McCrary for Congress Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Music Mountain</p> <p>Mailing Address Post Office Box 44126</p> <p>City Shreveport State LA Zip Code 71134-</p> <p>Purpose of Disbursement monthly bottle water expense</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: 71113.E6912</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 42.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY BOTTLE WATER EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Music Mountain</p> <p>Mailing Address Post Office Box 44126</p> <p>City Shreveport State LA Zip Code 71134-</p> <p>Purpose of Disbursement monthly bottle water expense</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: 71204.E6962</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 13.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY BOTTLE WATER EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Music Mountain</p> <p>Mailing Address Post Office Box 44126</p> <p>City Shreveport State LA Zip Code 71134-</p> <p>Purpose of Disbursement monthly bottle water service</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: 80129.E7099</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 13.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MONTHLY BOTTLE WATER SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

68.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 1708 East 70th Street City Shreveport State LA Zip Code 71105- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 71204.E7034 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 29.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 1708 East 70th Street City Shreveport State LA Zip Code 71105- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 71204.E7030 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 158.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 6634 Youree Drive City Shreveport State LA Zip Code 71105- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 71113.E6928 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 39.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	226.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 6634 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement office supplies</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: 71204.E7077</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>B. Full Name (Last, First, Middle Initial) Pitney Bowes</p> <p>Mailing Address 6301 Westport Avenue</p> <p>City Shreveport State LA Zip Code 71129-2415</p> <p>Purpose of Disbursement office equipment</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: 71113.E6939</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="223.72"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE EQUIPMENT</p>
<p>C. Full Name (Last, First, Middle Initial) Pitney Bowes</p> <p>Mailing Address 6301 Westport Avenue</p> <p>City Shreveport State LA Zip Code 71129-2415</p> <p>Purpose of Disbursement office equipment</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: 71113.E6950</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="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="206.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE EQUIPMENT</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="562.20"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Pitney Bowes

Mailing Address 6301 Westport Avenue

City Shreveport State LA Zip Code 71129-2415

Purpose of Disbursement
office equipment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80129.E7096
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

199.76

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

OFFICE EQUIPMENT

B.

Full Name (Last, First, Middle Initial)
Querbes-Coleman No. 1

Mailing Address 207 Milam Street, Suite C

City Shreveport State LA Zip Code 71101-7226

Purpose of Disbursement
office lease payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 71204.E6955
Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

2453.34

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

OFFICE LEASE PAYMENT

C.

Full Name (Last, First, Middle Initial)
Querbes-Coleman No. 1

Mailing Address 207 Milam Street, Suite C

City Shreveport State LA Zip Code 71101-7226

Purpose of Disbursement
office lease payment

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80129.E7095
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

1226.67

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

OFFICE LEASE PAYMENT

SUBTOTAL of Disbursements This Page (optional)

3879.77

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Bill Rehak</p> <p>Mailing Address c/o Caddo Parish Sheriffs Office 501 Texas Street</p> <p>City Shreveport State LA Zip Code 71101-</p> <p>Purpose of Disbursement event security expense</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: 71204.E6977</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT SECURITY EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Safeway # 4205</p> <p>Mailing Address 415 14th Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement event food expense</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: 71113.E6920</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 243.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT FOOD EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Andy Scoggins</p> <p>Mailing Address c/o Caddo Parish Sheriffs Office 501 Texas Street</p> <p>City Shreveport State LA Zip Code 71101-</p> <p>Purpose of Disbursement event security expense</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: 71204.E6979</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT SECURITY EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>493.48</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Shreveport/Bossier Washington Mardi Gras Mailing Address Post Office Box 1780 City Shreveport State LA Zip Code 71166-1780 Purpose of Disbursement event sponsorship 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: 71204.E6982 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 5900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT SPONSORSHIP
B.	Full Name (Last, First, Middle Initial) Silver Lake Ballroom Mailing Address 900 Market St City Shreveport State LA Zip Code 71101-3745 Purpose of Disbursement event catering/rental expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6966 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 6583.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING/RENTAL EXP-ENSE
C.	Full Name (Last, First, Middle Initial) Silver Lake Ballroom Mailing Address 900 Market St City Shreveport State LA Zip Code 71101-3745 Purpose of Disbursement event catering expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80129.E7098 Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 985.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

13468.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Six Stars of New York Mailing Address 64 Fulton St City New York State NY Zip Code 10038-1854 Purpose of Disbursement travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7053 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 408.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE	002 Category/Type
B.	Full Name (Last, First, Middle Initial) Sonoma Restaurant Mailing Address 223 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003- Purpose of Disbursement event catering expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7054 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 1489.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE	003 Category/Type
C.	Full Name (Last, First, Middle Initial) Star Catering Mailing Address 2002 Mount Vernon Avenue, Suite 5 City Alexandria State VA Zip Code 22301- Purpose of Disbursement event catering expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6921 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 1186.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE	003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3084.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) Star Catering Mailing Address 2002 Mount Vernon Avenue, Suite 5 City Alexandria State VA Zip Code 22301- Purpose of Disbursement event catering expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7059 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 383.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING EXPENSE
B.	Full Name (Last, First, Middle Initial) Apple Store Mailing Address 2700 Clarendon Blvd City Arlington State VA Zip Code 22201-7005 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6919 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 82.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Sun Valley Company Mailing Address PO Box 10 City Sun Valley State ID Zip Code 83353-0010 Purpose of Disbursement lodging expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6914 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 570.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LODGING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1037.18

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 7110 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement office supplies</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: 71113.E6925</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>B. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 7110 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement office supplies</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: 71204.E7063</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.33"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>C. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 7110 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement office supplies</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: 71204.E7065</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.09"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="117.62"/>
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)
McCrary for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 7110 Youree Drive</p> <p>City Shreveport State LA Zip Code 71105-</p> <p>Purpose of Disbursement office supplies</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: 71204.E7018</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>B. Full Name (Last, First, Middle Initial) The Carlton Hotel</p> <p>Mailing Address 88 Madison Ave</p> <p>City New York State NY Zip Code 10016-7412</p> <p>Purpose of Disbursement lodging expense</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: 71204.E7050</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="521.04"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LODGING EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) The Carlton Hotel</p> <p>Mailing Address 88 Madison Ave</p> <p>City New York State NY Zip Code 10016-7412</p> <p>Purpose of Disbursement lodging expense</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: 71204.E7056</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="433.19"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LODGING EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="964.97"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
The Congressional Club

Mailing Address 2001 New Hampshire Avenue, NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
event catering expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80129.E7093
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

175.00

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

EVENT CATERING EXPENSE

B.

Full Name (Last, First, Middle Initial)
The Paper Tulip

Mailing Address 4700 Line Avenue, Suite 111

City Shreveport State LA Zip Code 71106-

Purpose of Disbursement
printing expense

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 71204.E6961
Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

2394.63

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

PRINTING EXPENSE

C.

Full Name (Last, First, Middle Initial)
U. S. Capitol Historical Society

Mailing Address 200 Maryland Avenue, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
event gifts expense

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 71113.E6947
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2432.26

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

EVENT GIFTS EXPENSE

SUBTOTAL of Disbursements This Page (optional)

5001.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
U. S. House Of Representatives

Mailing Address House Gift Shop
B-217 Longworth Building

City Washington State DC Zip Code 20515-

Purpose of Disbursement
event gift expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71204.E7043
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

2250.00

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

EVENT GIFT EXPENSE

B.

Full Name (Last, First, Middle Initial)
Unishippers

Mailing Address 116 Summit Dr

City Benton State LA Zip Code 71006-9393

Purpose of Disbursement
shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71113.E6935
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

27.87

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

SHIPPING

C.

Full Name (Last, First, Middle Initial)
Unishippers

Mailing Address 116 Summit Dr

City Benton State LA Zip Code 71006-9393

Purpose of Disbursement
shipping

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71113.E6936
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

48.98

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

SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶

2326.85

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Unishippers</p> <p>Mailing Address 116 Summit Dr</p> <p>City Benton State LA Zip Code 71006-9393</p> <p>Purpose of Disbursement shipping</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: 71204.E6958</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.83"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>B. Full Name (Last, First, Middle Initial) Unishippers</p> <p>Mailing Address 116 Summit Dr</p> <p>City Benton State LA Zip Code 71006-9393</p> <p>Purpose of Disbursement shipping</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: 71204.E6967</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="194.63"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>C. Full Name (Last, First, Middle Initial) Unishippers</p> <p>Mailing Address 116 Summit Dr</p> <p>City Benton State LA Zip Code 71006-9393</p> <p>Purpose of Disbursement shipping</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: 80129.E7100</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.58"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="266.04"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) United Airlines		Transaction ID: 71204.E7057	
	Mailing Address P.O. Box 66100		Date of Disbursement 11 / 13 / 2007	
	City Amf Ohare	State IL	Zip Code 60666-	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement travel expense		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSE
State: District:				

B.	Full Name (Last, First, Middle Initial) United Airlines		Transaction ID: 71204.E7058	
	Mailing Address P.O. Box 66100		Date of Disbursement 11 / 13 / 2007	
	City Amf Ohare	State IL	Zip Code 60666-	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement travel expense		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSE
State: District:				

C.	Full Name (Last, First, Middle Initial) United Media Corporation		Transaction ID: 71204.E6973	
	Mailing Address 3788 Veterans Memorial Boulevard		Date of Disbursement 11 / 16 / 2007	
	City Metairie	State LA	Zip Code 70002-	Amount of Each Disbursement this Period 375.00
	Purpose of Disbursement advertising		004 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ADVERTISING
State: District:				

SUBTOTAL of Disbursements This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) USPS-Southfield Station <hr/> Mailing Address 100 E. 70th Street <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement post office box renewal Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6931 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 104.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POST OFFICE BOX RENEWAL
B.	Full Name (Last, First, Middle Initial) USPS-Southfield Station <hr/> Mailing Address 100 E. 70th Street <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7029 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
C.	Full Name (Last, First, Middle Initial) USPS-Southfield Station <hr/> Mailing Address 100 E. 70th Street <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E7036 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 11.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING

SUBTOTAL of Disbursements This Page (optional) ▶

330.60

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)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) USPS-Southfield Station <hr/> Mailing Address 100 E. 70th Street <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement postage Candidate Name 001 Category/Type <hr/> 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:	Transaction ID: 71204.E7040 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 1231.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B.	Full Name (Last, First, Middle Initial) VSAPAC <hr/> Mailing Address 101 Constitution Ave NW Ste 600W Suite 600 W <hr/> City Washington State DC Zip Code 20001-2147 <hr/> Purpose of Disbursement room rental staffing caterer Candidate Name Category/Type <hr/> 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:	Transaction ID: 71204.C22525IK Date of Disbursement 11 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 1625.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: ROOM RENTAL STAFFING CATERER
C.	Full Name (Last, First, Middle Initial) Walmart <hr/> Mailing Address 1645 East Bert Kouns Industrial Lo <hr/> City Shreveport State LA Zip Code 71106- <hr/> Purpose of Disbursement office supplies Candidate Name 001 Category/Type <hr/> 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:	Transaction ID: 71113.E6923 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 166.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	3023.50
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Washington Hilton and Towers

Mailing Address 1919 Connecticut Avenue, NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 71204.E7072

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

41.25

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

TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Washington Hilton and Towers

Mailing Address 1919 Connecticut Avenue, NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 71204.E7073

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

2525.01

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

TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Whos Cookin

Mailing Address 2001 Fairview Ave NE

City Washington State DC Zip Code 20002-1611

Purpose of Disbursement
event catering expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 71204.E7001

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

563.01

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

EVENT CATERING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

3129.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.	Full Name (Last, First, Middle Initial) Wiley Rein, LLP <hr/> Mailing Address 1776 K Street, NW <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement legal fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71204.E6983 Date of Disbursement 11 / 28 / 2007	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES
B.	Full Name (Last, First, Middle Initial) Wiley Rein, LLP <hr/> Mailing Address 1776 K Street, NW <hr/> City Washington State DC Zip Code 20006- <hr/> Purpose of Disbursement legal fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80129.E7097 Date of Disbursement 12 / 27 / 2007	Amount of Each Disbursement this Period 2000.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES
C.	Full Name (Last, First, Middle Initial) Wireless Unlimited <hr/> Mailing Address 6658 Youree Drive <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement equipment expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6926 Date of Disbursement 10 / 10 / 2007	Amount of Each Disbursement this Period 32.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EQUIPMENT EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

4033.38

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)

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Wireless Unlimited

Mailing Address 6658 Youree Drive

City Shreveport State LA Zip Code 71105-

Purpose of Disbursement
cell phone expense

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71204.E7021

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

97.72

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

CELL PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

97.72

TOTAL This Period (last page this line number only)

109741.38

**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 94 / 96

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
National Republican Congressional Cmte.

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
transfer of excess campaign fun

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 71204.E6975

Date of Disbursement

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

Amount of Each Disbursement this Period

250000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

250000.00

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

250000.00

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)

PAGE 95 / 96

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

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NAME OF COMMITTEE (In Full)
McCrary for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Captain Shreve High School

Transaction ID: 71204.E6971

Date of Disbursement

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

Mailing Address 6115 East Kings Highway

Amount of Each Disbursement this Period

100.00

City Shreveport State LA Zip Code 71105-

Purpose of Disbursement donation

012
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Greater Bossier Economic Development

Transaction ID: 71204.E7023

Date of Disbursement

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

Mailing Address 710 Benton Rd

Amount of Each Disbursement this Period

1000.01

City Bossier City State LA Zip Code 71111-3705

Purpose of Disbursement donation

012
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Greater Bossier Economic Development

Transaction ID: 71204.E6956

Date of Disbursement

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

Mailing Address 710 Benton Rd

Amount of Each Disbursement this Period

1500.00

City Bossier City State LA Zip Code 71111-3705

Purpose of Disbursement donation

012
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2600.01

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

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NAME OF COMMITTEE (In Full)
McCrery for Congress Committee

A.	Full Name (Last, First, Middle Initial) March of Dimes <hr/> Mailing Address 120 South Pointe Parkway, Building D <hr/> City Shreveport State LA Zip Code 71105- <hr/> Purpose of Disbursement donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6941 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Parkway High School Dugout Club <hr/> Mailing Address Ms. Sissy Greer 4307 Meteor Lane <hr/> City Bossier City State LA Zip Code 71112- <hr/> Purpose of Disbursement donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71113.E6934 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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

3800.01