

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1  
C00200980 NC/10 081098 N  
MELISSA BALLENGER JORDAN  
CASS BALLENGER FOR CONGRESS CO  
MMITTEE  
361 10TH AVENUE DRIVE NE  
P O BOX 2552  
WICKORY NC 28603

2. FEC IDENTIFICATION NUMBER  
C00200980

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the PRIMARY  
(Type of Election)  
election on 9-15-98 in the State of NC
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-98</u> through <u>8-26-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	40686.73	91150.30
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	40686.73	91150.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7345.62	34150.15
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	7345.62	34150.15
8. Cash on Hand at Close of Reporting Period (from Line 27)	117131.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9530  
Local 202-219-3420

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  
MELISSA B. JORDAN

Signature of Treasurer  
*Melissa B. Jordan*

Date  
8-27-98

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

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# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) <i>Care-Baldrige for Congress Committee C00200980</i>	Report Covering the Period:	
	From: <i>7-1-98</i>	To: <i>8-26-98</i>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	<i>20275.00</i>	
(ii) Unitemized -----	<i>7161.73</i>	
(iii) Total of contributions from individuals -----	<i>27436.73</i>	<i>46286.73</i>
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	<i>13250.00</i>	<i>44863.57</i>
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	<i>40686.73</i>	<i>91150.30</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	<i>40686.73</i>	<i>91150.30</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	<i>7345.62</i>	<i>34150.15</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	<i>25000.00</i>	<i>25000.00</i>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	<i>3250.00</i>	<i>11613.57</i>
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	<i>35595.62</i>	<i>70763.72</i>

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	<i>112040.61</i>	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	<i>40686.73</i>	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	<i>152727.34</i>	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	<i>35595.62</i>	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	<i>117131.72</i>	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF  
1 8  
FOR LINE NUMBER  
11 A

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)

Cass Ballenger for Congress Committee CO0200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry A. Bowman 1918 Fairway Dr. Newton NC 28658	Prodelix Corp. Occupation: Exec.	7/7/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Michael Bridges 100 Bella Rue Morganton NC 28655	Owens, Brigham Occupation: Pres.	7/7	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.E. Eidon POB 796 Cramer NC 28613	Trade Shows Inc. Occupation: Exec.	7/10	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex Shuford 1627 Couble Dairy Rd. Hwy 28602	Century Furn. Occupation: Exec.	7/10	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven J. Baker 414 E. Front St. Statesville NC 28677	Baker Chiropractic Occupation: Exec.	7/10	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Barneth 3051 Port St. Morganton NC 28655	Self Occupation:	7/13	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George P. Johnson 1320 Earlwood Rd Statesville NC 28677	Retired Occupation:	7/13	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Case Ballenger for Congress Committee CO0200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine B. Steele 302 Valley Stream Rd. Statesville NC 28677 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation	7/16	1000.00
Aggregate Year-to-Date > \$ 1000 -			
Elaine B. Steele Same as above Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation	7/16	1000.00
Aggregate Year-to-Date > \$ 2000 -			
H. B. Foster P.O. 471 Statesville NC 28677 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Statesville Bick Occupation LLC	7/16	500.00
Aggregate Year-to-Date > \$ 1000 -			
Reese B. Heilman 153 SE Hillhaven Dr. Lenoir NC 28645 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation home maker	7/16	500.00
Aggregate Year-to-Date > \$ 500 -			
Dewitt H. Philbin 1964 - 19th Ave. Ct. NW Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fabriccraft Inc. Occupation LLC	7/22	250.00
Aggregate Year-to-Date > \$ 250 -			
Philip P. Vinyard 912 2nd St. NE Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PPV, Inc. Occupation LLC	7/22	500.00
Aggregate Year-to-Date > \$ 750 -			
Hershell Keener P.O. 3349 Hwy 28603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Investor	7/24	1000.00
Aggregate Year-to-Date > \$ 1700 -			

SUBTOTAL of Receipts This Page (optional)	4750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Case Ballinger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Delowski 99B. 19th Ave. C. NW Hy 28601	NW Home/Occ. Clinic Occupation: MD	7/24	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce P. Beard 428 Tremont Park Dr. SE Lenoir NC 28645	Beard Hos. Co. Occupation: Exec.	7/28	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Willey 520. 7th Ave NW Hy 28601	Commercial Fabricators Occupation: Exec.	7/28	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 -		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. Eugene Brown 205- 17th Ave NW Hy 28601	Hy Orthopedic Ctr. Occupation: MD	7/20	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Weldon S. Frasier 216. 3rd Ave NE Hy 28601	Retired Occupation:	7/21	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen Boyd George 16- 9th Ave. NE Hy 28601	Self Occupation: homemaker	7/21	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 -		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David S. Flowers 1011 N. Center St. Hy 28601	Retired Occupation:	7/17	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225 -		

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard B. Montague POB 219 Spruce Pine Nc 28777	Spruce Pine Nc Co.	7/29	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 250 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George A. Moritz 1296-9th St. NW Hwy 28601	Carolina Mills Inc.	7/30	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 250 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Crosland Jr. 135 Sealeybank Rd. Charlotte Nc 28209	Crosland Group Inc.	8/3	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Clark 550-20th Ave. Ct. NW Hwy 28601	Fresh Foods Inc.	8/3	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 250 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger A. Dupont 166 Schooner Mooreville Nc 28115	Retired	8/3	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee G. Brown 775-32nd Ave. Dr. NW Hwy 28601	Republic Ind.	8/4	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec.	Aggregate Year-to-Date > \$ 1000 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Burgess III POB 4109 Winston-Salem Nc 27115	J.W. Burgess Inc.	8/4	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres.	Aggregate Year-to-Date > \$ 1000 -	

SUBTOTAL of Receipts This Page (optional)	3450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee, C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe C. Teague 241. 17th Ave. NW Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	8/4	250.00
	Occupation		
	Aggregate Year-to-Date	> \$ 250 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry L. Pruitt 775. 21st Ave. S. NW Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Catawba Dermatology	8/7	250.00
	Occupation		
	Aggregate Year-to-Date	> \$ 250 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Alex Bernhardt 406 Hibernian St. SW Lenoir NC 28645 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Bernhardt Firm.	8/10	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geo Palmer 1067. 16th Ave. NW Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	8/6	100.00
	Occupation		
	Aggregate Year-to-Date	> \$ 200 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Conner 1919 Penna. Ave. NW WDC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	O'Connor + Hanna	8/14	250.00
	Occupation		
	Aggregate Year-to-Date	> \$ 250 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Craven Jr. 536 Goforth Rd Blowing Rock NC 28605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	8/14	500.00
	Occupation		
	Aggregate Year-to-Date	> \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Kubyrych 450 Shady Lane, Forest Hills Wilkesboro NC 28697 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	8/14	100.00
	Occupation		
	Aggregate Year-to-Date	> \$ 200 -	

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Case Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan T. Dickson 2000 Two Wt Union Center Charlotte NC 28282 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ruddick Corp. Occupation: <i>Exec</i> Aggregate Year-to-Date > \$ 250 -	8/12	250.00
Sen. James T. Broyhill 1930 Virginia Rd. Winston-Salem NC 27104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$ 1000 -	8/18	500.00
W. Duke Kimbrell 3662 Sherwood Ct. Gastonia NC 28056 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ruddick Corp. Occupation: <i>Exec</i> Aggregate Year-to-Date > \$ 250 -	8/18	250.00
Noah O. Pitts Jr. 1600 Independence Trail Morganton NC 28655 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$ 250 -	8/18	250.00
Paul Cash 227 Riverside Dr. Morganton NC 28655 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self - Minors & Ins. Occupation: <i>Insurance</i> Aggregate Year-to-Date > \$ 250 -	8/20	250.00
David H. Reekin 2601 Richardson Dr. Charlotte NC 28211 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Aggregate Year-to-Date > \$ 500 -	8/20	250.00
Randy K. Cosby 3977 Duffy Dr. Sherrills Ford NC 28673 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	R. Anell Homes Occupation: <i>Mgr.</i> Aggregate Year-to-Date > \$ 500 -	8/21	500.00

SUBTOTAL of Receipts This Page (optional) .....	2250.00
TOTAL This Period (last page this line number only) .....	.....



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Lee Jones P.O. Box 428 Denver NC 28037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	R. Anzell Custom Homes Occupation: Plw. Aggregate Year-to-Date > \$ 500 -	8/21	500.00
Rollan L. Jones 3378 Stratton Rd. Lincolnton NC 28092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	R. Anzell Custom Homes Occupation: CEO Aggregate Year-to-Date > \$ 500 -	8/21	500.00
Stephen M. Purdy 16640 Grasspeckle Dr. Huntersville NC 28078 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	R. Anzell Custom Homes Occupation: Mgr. Aggregate Year-to-Date > \$ 500 -	8/21	500.00
Charles E. Trado 24. 2nd Ave. NE Hwy 28601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: MD Aggregate Year-to-Date > \$ 500 -	8/24	500.00
Charles Davast Jr. P.O. Box 186 Blowing Rock NC 28605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: MD Aggregate Year-to-Date > \$ 350 -	8/25	250.00
J. Robert Dixon 4205 Black Tree Lane Charlotte NC 28226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250 -	8/25	250.00
Herschel C. Teague 104 Baker Teague Dr. Taylorsville NC 28681 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250 -	8/25	250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8  
FOR LINE NUMBER 11A

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)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. G. Winfield III 965 18th Ave. C. NW Hwy 28601	Hwy Orthopedic Ctr. Occupation MD	8/25	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George S. Blackwelder POB 3366 Hwy 28603	Retired Occupation	8/26	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph D. Hicks 489 Sycor Park Hwy 28601	Sycor Corp. Occupation emp.	8/26	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Guyton Jr. 42 Bering St. Tampa FL 33606	Retired Occupation	8/26	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John E. Weems POB 910 Blowing Rock NC 28605	Self Occupation MD	8/26	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Scott Cramer 16 Graylin Pl. Winston-Salem NC 27106	Retired Occupation	8/26	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 -		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

20275.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **2**  
FOR LINE NUMBER **11C**

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)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Procter & Gamble Good Govt. Comm. 1 Procter & Gamble Plaza Cincinnati OH 45202		7/7/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NBWA PAC 1100 S. Washington St. Alexandria VA 22314-4494		7/7	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoechst Corp. PAC POB 4915 Warren NJ 07060-4915		7/7	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mobil Corp. PAC 3225 Gallows Rd. Fairfax VA 22037-0001		7/14	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGC PAC 1957 E. St. NW WDC 20006		7/14	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Builders Council PAC 1155-15th St. NW #614 WDC 20005		7/16	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AOPA PAC 500 E St. SW #920 WDC 20024		7/16	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	

SUBTOTAL of Receipts This Page (optional) ..... 5000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)  
*Cass Ballenger for Congress Committee COV200980 Clerk of House #116921*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Glaxo Wellcome PAC 1500 K St. NW WDC 20005</i>		<i>7/28</i>	<i>4500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>4500 -</i>	
<i>RPAC 430 N. Michigan Ave. Chicago IL 60611</i>		<i>7/28</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000 -</i>	
<i>S. Minnesota Sugar Coop PAC POB 500 Renville MN 56284</i>		<i>8/6</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500 -</i>	
<i>Amer. Consulting Engineers PAC 1015 15th St. NW #802 WDC 20005</i>		<i>8/18</i>	<i>500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000 -</i>	
<i>Burlington Ind. Govt. Comm. POB 21207 Greensboro NC 27420</i>		<i>8/25</i>	<i>1500.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1500 -</i>	
<i>Mfg'g. Housing Devt. PAC 2101 Wilson Blvd. #610 Arlington VA 22201-3062</i>		<i>8/25</i>	<i>750.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>750 -</i>	
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Name of Employer</i>	<i>Date (month, day, year)</i>	<i>Amount of Each Receipt this Period</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... *8250.00*

TOTAL This Period (last page this line number only) ..... *13250.00*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fedex Box 1140 Memphis TN 38101-1140	Priority letter Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10	12.50
B. Full Name, Mailing Address and ZIP Code Caroline Office Equipment POB 2145 Hwy 28603	Supplier Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10	10.64
C. Full Name, Mailing Address and ZIP Code Soldiers Remison Comm. POB 75B Newton NC 28658	Parade entry Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10	25.00
D. Full Name, Mailing Address and ZIP Code Capital Hill Club 300 1st St. SE WDC 20003	6/17 FR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10	3560.04
E. Full Name, Mailing Address and ZIP Code Postmaster Main Ave SE Hwy 28603-9998	Certified mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14	5.73
F. Full Name, Mailing Address and ZIP Code Postmaster same as above	business reply acct. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14	75.00
G. Full Name, Mailing Address and ZIP Code Advanced Mailing Services POB 19270 Greensboro NC 27419	balance - mailing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15	222.20
H. Full Name, Mailing Address and ZIP Code Sprint POB 96028 Charlotte NC 28296-0028	telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21	9.93
I. Full Name, Mailing Address and ZIP Code Fedex POB 1140 Memphis TN 38101-1140	Airbill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21	12.50

SUBTOTAL of Disbursements This Page (optional)

3933.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Main Ave. SE Hwy 28603-9998	Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21	32.00
B. Full Name, Mailing Address and ZIP Code Gaye Watts 9287 Brittain Rd. Hwy 28602	Purpose of Disbursement August pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	827.80
C. Full Name, Mailing Address and ZIP Code Melissa Jordan 3776 Raccoon Tr. NE Hwy 28601	Purpose of Disbursement August pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	300.00
D. Full Name, Mailing Address and ZIP Code Postmaster Main Ave. SE Hwy 28603-9998	Purpose of Disbursement Stamps Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	320.00
E. Full Name, Mailing Address and ZIP Code Gaye Watts 9287 Brittain Rd. Hwy 28602	Purpose of Disbursement Reimburse film Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	7.42
F. Full Name, Mailing Address and ZIP Code Bradford Communications POB 3081 Hwy 28603	Purpose of Disbursement High school ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	235.30
G. Full Name, Mailing Address and ZIP Code Gaye Watts 9287 Brittain Rd. Hwy 28602	Purpose of Disbursement Balance - Aug. pay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	708.40
H. Full Name, Mailing Address and ZIP Code Gaye Watts Same as above	Purpose of Disbursement Reimburse photos Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6	19.06
I. Full Name, Mailing Address and ZIP Code Cash	Purpose of Disbursement Petty cash account Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6	200.00

SUBTOTAL of Disbursements This Page (optional)

2649.98

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wave Communications 940 Tate Blvd. SE Mey 28601	Internet Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10	81.00
B. Full Name, Mailing Address and ZIP Code Gary Watts 8287 Brittain Rd. Mey 28602	Phone & mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13	66.63
C. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 1st St. SE WDC 20003	luncheon Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13	299.96
D. Full Name, Mailing Address and ZIP Code Armen. Speedy Printing Centers 201 Govt. Ave SW Mey 28602	invitations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14	264.63
E. Full Name, Mailing Address and ZIP Code Campaigns & Elections Magazine 1414 22nd St. NW WDC 20037	subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14	39.95
F. Full Name, Mailing Address and ZIP Code Sprint P.O. Box 96028 Charlotte NC 28296-0028	phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/20	9.93
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

762.10

TOTAL This Period (last page this line number only)

7345.62

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 18

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NAME OF COMMITTEE (in Full)

Case Challenger for Congress Committee C00200980 Clerk of House #116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC 320 1st St. SE Washington DC 20003	Transfer of excess campaign funds	8/19/98	25,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (has page this line number only) .....

25,000.00



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

Cass Ballenger for Congress Committee C00200980 Clerk of House # 116921

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jon Fox for Congress POB 1059 Narriestown PA 19404-1059	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	1000.00
Chobot for Congress 105 W. 4th St. Rm 1133 Cincinnati OH 45202	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30	1000.00
Comm. to Elect Wilma Sherill POB 13561 Asheville NC 28814	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/3	250.00
Ashe County GOP POB 1071 W. Jefferson NC 28694	phone banks Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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


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

3250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 8-27-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	8-31-98 DATE PREPARED