

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
Heath Shuler for Congress

ADDRESS (number and street) PO Box 8446
 Check if different than previously reported. (ACC)
Asheville NC 28814

2. **FEC IDENTIFICATION NUMBER** C00413393
CITY STATE ZIP CODE STATE DISTRICT
NC 11
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 11 04 2008 in the State of NC

5. Covering Period 10 16 2008 through 11 24 2008

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 Troy Burns
Signature of Treasurer Electronically Filed by Troy Burns Date 02 27 2009

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

Heath Shuler for Congress

Report Covering the Period:

From:

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

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

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

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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))..... | 104695.10 | 1630415.36 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 8250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 104695.10 | 1622165.36 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 81828.99 | 637390.42 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1100.00 | 8106.86 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 80728.99 | 629283.56 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 971952.35 | |
| 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

**POST-ELECTION DETAILED
SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Heath Shuler for Congress

Report Covering the Period: From: To:

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="04"/> <input type="text" value="2008"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> <input type="text" value="05"/> <input type="text" value="2008"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="24"/> <input type="text" value="2008"/> (last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (Use Schedule A) | | |
| <input type="text" value="44994.10"/> | <input type="text" value="738743.96"/> | <input type="text" value="1550.00"/> |
| (ii) Unitemized | | |
| <input type="text" value="10101.00"/> | <input type="text" value="82477.01"/> | <input type="text" value="730.00"/> |
| (iii) Total of contributions from individuals | | |
| <input type="text" value="55095.10"/> | <input type="text" value="821220.97"/> | <input type="text" value="2280.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="594.59"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | | |
| <input type="text" value="49600.00"/> | <input type="text" value="808599.80"/> | <input type="text" value="9000.00"/> |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 104695.10 | 1630415.36 | 11280.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b). All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 1100.00 | 8106.86 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| 2746.41 | 17010.13 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 108541.51 | 1655532.35 | 11280.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Heath Shuler for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES | | |
| 81828.99 | 637390.42 | 39968.84 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 69000.00 | 94000.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 0.00 | 4750.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|------|---------|------|
| 0.00 | 3500.00 | 0.00 |
|------|---------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|------|---------|------|
| 0.00 | 8250.00 | 0.00 |
|------|---------|------|

21. OTHER DISBURSEMENTS

| | | |
|----------|----------|---------|
| 30000.00 | 30000.00 | 2000.00 |
|----------|----------|---------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|-----------|----------|
| 180828.99 | 769640.42 | 41968.84 |
|-----------|-----------|----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|-----------|------------|----------|
| 104695.10 | 1622165.36 | 11280.00 |
|-----------|------------|----------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|----------|-----------|----------|
| 80728.99 | 629283.56 | 39968.84 |
|----------|-----------|----------|

V. CASH SUMMARY

| | |
|--|------------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 1044239.83 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 108541.51 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 1152781.34 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 180828.99 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 971952.35 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93
(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)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Betty D Anderson

Mailing Address 118 Tahlequah Rdg

City Hayesville State NC Zip Code 28904-9230

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

Name of Employer retired Occupation retired

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

Amount of Each Receipt this Period: 75.00

Transaction ID: C3089575

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

B. Full Name (Last, First, Middle Initial)
Betty D Anderson

Mailing Address 118 Tahlequah Rdg

City Hayesville State NC Zip Code 28904-9230

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

Name of Employer retired Occupation retired

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

Amount of Each Receipt this Period: 100.00

Transaction ID: C3089577

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

C. Full Name (Last, First, Middle Initial)
Troy Ball

Mailing Address 41 Hilltop Rd

City Asheville State NC Zip Code 28803

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

Name of Employer Ball Properties Occupation Real Estate

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

Amount of Each Receipt this Period: 25.00

Transaction ID: C3086009

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

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Troy Ball

Mailing Address 41 Hilltop Rd

City Asheville State NC Zip Code 28803

FEC ID number of contributing federal political committee. C

Name of Employer Ball Properties Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY
10 / 25 / 2008

Transaction ID: C3088106

Amount of Each Receipt this Period 25.00

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

B. Full Name (Last, First, Middle Initial)
Ricky Barnard

Mailing Address PO BOX 1195

City Andrews State NC Zip Code 28901

FEC ID number of contributing federal political committee. C

Name of Employer Real Estate Company Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY
10 / 27 / 2008

Transaction ID: C3088131

Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
Victor Barrett

Mailing Address 1229 Llama Lane

City Sevierville State TN Zip Code 37862

FEC ID number of contributing federal political committee. C

Name of Employer RMV Florida Venture Inc. Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
11 / 14 / 2008

Transaction ID: C3110011

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) 475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 93

(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)
Heath Shuler for Congress

A.

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

Mailing Address PO Box 482

City State Zip Code
Aspen CO 81612

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Writer

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 | / | 0 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3093074

Amount of Each Receipt this Period
1300.00

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

B.

Full Name (Last, First, Middle Initial)
John Brooks

Mailing Address PO Box 201
25 Hunebug Lane

City State Zip Code
Penrose NC 28766-0201

FEC ID number of contributing federal political committee. C

Name of Employer USFS Occupation
Firefighter

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C3077091

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Barney Brown

Mailing Address 208 Sunset Drive

City State Zip Code
Black Mountain NC 28711-3810

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation
Not Employed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt

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

Transaction ID: C3089546

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) 2340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Murleen Buchanan | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| Mailing Address 1692 Lake Tahoma Rd | | Transaction ID: C3083923 |
| City Marion | State NC | |
| Zip Code 28752 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Kenneth Bullock | | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| Mailing Address 8012 Lansford Rd | | Transaction ID: C3087512 |
| City Charlotte | State NC | |
| Zip Code 28277 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Woolpert, N.C. | Occupation Vice President | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Elizabeth Burrell | | Date of Receipt MM / DD / YYYY 10 / 30 / 2008 |
| Mailing Address 231 N Trade St Suite 2 | | Transaction ID: C3090894 |
| City Tryon | State NC | |
| Zip Code 28782-8626 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3300.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Harold L Burrell

Mailing Address 231 N Trade St
Suite 2

City State Zip Code
Tryon NC 28782-8626

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

Name of Employer Occupation
Burrell's Fuels Inc Owner

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C3090896

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
Alton Byers

Mailing Address PO Box 54

City State Zip Code
Webster NC 28788-0054

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

Name of Employer Occupation
Retired (HRMS) Retired Healthcare Adm.

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: C3078994

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 52 Boulevard St

City State Zip Code
Murphy NC 28906-3518

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

Name of Employer Occupation
Murphy Electric Power Board Manager

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C3087926

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Dale B. Carroll

Mailing Address 8 Vaughns Way

City Arden State NC Zip Code 28704-3220

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

Name of Employer Advantage West Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 10 / 25 / 2008

Transaction ID: C3087511

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
James F Chumbley

Mailing Address 11804 Marine View Dr

City Edmondsa State WA Zip Code 98026

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

Name of Employer Warm Company Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2008

Transaction ID: C3085715

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
John E. Clark

Mailing Address 166 Farm Valley Road

City Fletcher State NC Zip Code 28732

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C3089535

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Donald F. Coats

Mailing Address 25 W Henderson St

City Marion State NC Zip Code 28752-4505

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

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

Transaction ID: C3083843

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
E. Wayne Cobb

Mailing Address 561 Fred Smith Rd

City Tuckasegee State NC Zip Code 28783-9635

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

735.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C3088604

Amount of Each Receipt this Period
60.00

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

C.

Full Name (Last, First, Middle Initial)
Dirk Cody

Mailing Address PO Box 1117

City Robbinsville State NC Zip Code 28771

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

Name of Employer Herve Cody Construction Occupation Construction

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

4600.00

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

Transaction ID: C3091657

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2460.00**

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 14 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Sandra P. Cody

Mailing Address 2954 Sweetwater Road

City Robbinsville State NC Zip Code 28771

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

550.00

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

Transaction ID: C3085265

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Katie Cooper

Mailing Address PO Box 1480

City Cherokee State NC Zip Code 28719-1480

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

Name of Employer Ramada Limited Occupation Owner

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C3110023

Amount of Each Receipt this Period
750.00

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

C.

Full Name (Last, First, Middle Initial)
Robert Cooper

Mailing Address PO Box 1167

City Cherokee State NC Zip Code 28719

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

Name of Employer Coopers Mercantile Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C3094935

Amount of Each Receipt this Period
200.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) R. Mack Cowan | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| Mailing Address 44 Hitchcock Street | | Transaction ID: C3083856 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 475.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) R. Mack Cowan | | Date of Receipt MM / DD / YYYY 10 / 24 / 2008 |
| Mailing Address 44 Hitchcock Street | | Transaction ID: C3087921 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self-Employed | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 475.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Pat H Crawford | | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| Mailing Address 224 Stonebrook Drive | | Transaction ID: C3087961 |
| City Hendersonville | State NC | Zip Code 28791-1555 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer State of NC/DENR | Occupation Office Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 345.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 150.00 |
| 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 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Helen Davis

Mailing Address PO Box 1499

City Hayesville State NC Zip Code 28904

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C3089534

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
John E. Davis

Mailing Address 820 Phillips Road

City Columbus State NC Zip Code 28722

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C3089554

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Otto Debruhl

Mailing Address 425 Riverview Church Road

City Asheville State NC Zip Code 28806

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

Name of Employer Buncombe County Occupation Register of Deeds

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2008

Transaction ID: C3087968

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
David L Dobb, Jr.

Mailing Address 136 Somersby Lane

City State Zip Code
Fairview NC 28730

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: C3095071

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Robert E. Dungan

Mailing Address 15 Huntington Chase Drive

City State Zip Code
Asheville NC 28805

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

Name of Employer Occupation
Dungan & Associates PA Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3083696

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Ann Edwards

Mailing Address Rt. 3 Box 224-K

City State Zip Code
Robbinsville NC 28771

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

Name of Employer Occupation
Retired Retired School Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3089566

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Harold G Evans

Mailing Address PO BOX 444

City State Zip Code
Enka NC 28728

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: C3077173

Amount of Each Receipt this Period
275.00

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

B.

Full Name (Last, First, Middle Initial)
Julie Fulwood

Mailing Address 32 Grandview Dr.

City State Zip Code
Asheville NC 28806

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

Name of Employer Occupation
Aeroflow Healthcare Chief Operations Officer

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

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

Transaction ID: C3082590

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Doris Bates Gaskin

Mailing Address 4470 Cove Loop Rd

City State Zip Code
Hendersonville NC 28739-8885

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

Name of Employer Occupation
Flat Rock Golf Partner

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

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

Transaction ID: C3083922

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1775.00**

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 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Phil Gore | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| Mailing Address 4928 Manley Smith Rd | | Transaction ID: C3090137 |
| City Nakina | State NC | Zip Code 28455-9563 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer DD Cox Agency Inc | Occupation Crop Insurance Agent | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Diana J. Hale | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| Mailing Address 3327 Martins Creek Road | | Transaction ID: C3085538 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Nancy Johnson Harrelson | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address 381 West Prince Road | | Transaction ID: C3085338 |
| City Hendersonville | State NC | Zip Code 28792 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation High School Guidance Counslor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 700.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

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

Mailing Address 1028 Cherokee Blvd

City State Zip Code
Knoxville TN 37919

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

Name of Employer Friends of the Smokies Occupation Chairman of the Board

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 250.00

Transaction ID: C3091286

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

B.

Full Name (Last, First, Middle Initial)
Nancy M. Helms

Mailing Address 163 Lone Wolf Lane

City State Zip Code
Murphy NC 28906

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 305.00

Transaction ID: C3089608

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

C.

Full Name (Last, First, Middle Initial)
Casey L Hite

Mailing Address 157 Ardmion Park

City State Zip Code
Asheville NC 28801

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

Name of Employer Aeroflow Healthcare Occupation Healthcare

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 4600.00

Transaction ID: C3089656

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

SUBTOTAL of Receipts This Page (optional) ► **1080.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 93 |
| | <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)
Heath Shuler for Congress

| | | | |
|---|---|---------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) John W Hollifield | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 2931 Hwy 175 | | Transaction ID: C3085756 |
| | City Hayesville | State NC | Zip Code 28904 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Caterpillar | Occupation Human Resources Manager | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|---|-----------------------|---|
| B. | Full Name (Last, First, Middle Initial) Irene Hooper | | Date of Receipt MM / DD / YYYY 11 / 02 / 2008 |
| | Mailing Address PO Box 2317 | | Transaction ID: C3094711 |
| | City Cullowhee | State NC | Zip Code 28723-2317 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| | Name of Employer None | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1350.00 | | |

| | | | |
|---|---|------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Kay Hooper | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 1090 PeaRidge Road | | Transaction ID: C3085639 |
| | City Bostic | State NC | Zip Code 28018 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer self | Occupation Novelist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1850.00 | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Marilyn R Howell

Mailing Address 76 Hicks Rd

City State Zip Code
Burnsville NC 28714-5545

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

Name of Employer N/A Occupation Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: C3088603

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
Charles Hutchins

Mailing Address PO Box 1883

City State Zip Code
Greenville TN 37744

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

Name of Employer Holston United Methodist Home for Chil Occupation Director of Church Relations & Special

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: C3091955

Amount of Each Receipt this Period
25.00

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

C.

Full Name (Last, First, Middle Initial)
Luke D. Hyde

Mailing Address 135 Everett St.

City State Zip Code
Bryson City NC 28713

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

Name of Employer Luke D. Hyde Law Firm Occupation Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C3087934

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 93 |
| | <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)
Heath Shuler for Congress

| | | | |
|---|---|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Harry Jarrett | | Date of Receipt |
| | Mailing Address 628 Jarrett Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 8 / 2 0 0 8 |
| | City | State | Zip Code |
| | Hayesville | NC | 28904-6082 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3089592 |
| Name of Employer N/A | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 75.00 |
| | | <input type="text"/> 275.00 | <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) Marvin P Jarrett | | Date of Receipt |
| | Mailing Address PO Box 216 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 1 / 2 0 0 8 |
| | City | State | Zip Code |
| | Spruce Pine | NC | 28777-0216 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3085247 |
| Name of Employer Mountaineer Nursery & Landscaping | | Occupation Owner | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | <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) Lydia M. Jeffries | | Date of Receipt |
| | Mailing Address 21 Wilson Ln | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 7 / 2 0 0 8 |
| | City | State | Zip Code |
| | Fairview | NC | 28730-9564 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3088599 |
| Name of Employer Self | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 100.00 |
| | | <input type="text"/> 300.00 | <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"/> 425.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ross Johnson | | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| Mailing Address 614 Pinehollow Dr | | Transaction ID: C3078809 |
| City Anderson | State SC | Zip Code 29621 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Tactical Medical Solutions Inc. | Occupation CEO | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Nancy M Johnston | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 1492 Jeffress Rd | | Transaction ID: C3076979 |
| City Mills River | State NC | Zip Code 28759-4187 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Tap Root Dairy | Occupation Farmer | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Donald Jordan | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 555 Sylvan Byway | | Transaction ID: C3077082 |
| City Pisgah Forest | State NC | Zip Code 28768 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2800.00 |
| 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 25 / 93 |
| | <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)
Heath Shuler for Congress

| | | | |
|--|--|-----------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Russell V. Jordan | | Date of Receipt |
| | Mailing Address 4 Ammons Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 17 / 2008 |
| | City | State | Zip Code |
| | Fletcher | NC | 28732 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C3078980 |
| | C | | Amount of Each Receipt this Period |
| | | <input type="text"/> 25.00 | |
| Name of Employer USPS | | Occupation Mail Carrier | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 260.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|-----------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Mary Coker Joslin | | Date of Receipt |
| | Mailing Address 2431 West Lake Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 27 / 2008 |
| | City | State | Zip Code |
| | Raleigh | NC | 27609 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C3088609 |
| | C | | Amount of Each Receipt this Period |
| | | <input type="text"/> 50.00 | |
| Name of Employer Retired | | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 825.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Mary Coker Joslin | | Date of Receipt |
| | Mailing Address 2431 West Lake Drive | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 31 / 2008 |
| | City | State | Zip Code |
| | Raleigh | NC | 27609 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: C3091713 |
| | C | | Amount of Each Receipt this Period |
| | | <input type="text"/> 25.00 | |
| Name of Employer Retired | | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text"/> 825.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 100.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Larry W. Kernea

Mailing Address 27 Bayless St

City State Zip Code
Murphy NC 28906-2969

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

Name of Employer Occupation
Murphy Electric Power Board Assistant Manager

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

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

Transaction ID: C3089590

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
David R. Kruse

Mailing Address 201 River Rd.

City State Zip Code
Rutherfordton NC 28139

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

Name of Employer Occupation
Kruse Concrete Construction, Inc. Concrete Contractor

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

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

Transaction ID: C3089631

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Patrick Henry Lambert

Mailing Address 477 Goose Creek Rd.

City State Zip Code
Cherokee NC 28719

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

Name of Employer Occupation
Cherokee Tribal Gaming Commission Executive Director/Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C3094186

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Jack Lancaster | | Date of Receipt MM / DD / YYYY 10 / 27 / 2008 |
| Mailing Address 1701 N. Main Street | | Transaction ID: C3088608 |
| City Hendersonville | State NC | Zip Code 28792 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer U.S. Navy | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Charles Michael Layne | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| Mailing Address 551 Asbury Rd | | Transaction ID: C3090143 |
| City Manchester | State TN | Zip Code 37355-6432 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer State of Tennessee | Occupation District Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) R. Michael Leonard | | Date of Receipt MM / DD / YYYY 11 / 02 / 2008 |
| Mailing Address PO Box 261 | | Transaction ID: C3094686 |
| City Bethania | State NC | Zip Code 27010 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Womble Carlyle Sandridge & Rice | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| 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 28 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Terri Park Lyda
Mailing Address 1777 Slick Rock Rd
City Hendersonville State NC Zip Code 28792
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation NC Apple Grower
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 390.00
Date of Receipt 10 / 23 / 2008
Transaction ID: C3085754
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
J. Matthew Martin
Mailing Address 3 Briarcliff Drive
City Asheville State NC Zip Code 28803
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastern Band of Cherokee Indians Occupation Judge
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 28 / 2008
Transaction ID: C3089543
Amount of Each Receipt this Period 25.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brent Mattox
Mailing Address 98 W Hackney Rd
City Greer State SC Zip Code 29650-1258
FEC ID number of contributing federal political committee. **C**
Name of Employer Reimbursement Services Inc Occupation Medical Billing
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 10 / 21 / 2008
Transaction ID: C3085747
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**
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 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Kathryn M McConnell
 Mailing Address 475 Old Dana Rd
 City Hendersonville State NC Zip Code 28792-3137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Foundation of Henderson Coun Occupation VP for Community Philanthropy
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt 10 / 30 / 2008
Transaction ID: C3091364
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hubert McEntyre
 Mailing Address 3341 Peniel Road
 City Tryon State NC Zip Code 28782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NA Occupation Retired Farmer
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00
 Date of Receipt 11 / 04 / 2008
Transaction ID: C3094709
 Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenny McKeon
 Mailing Address 445 Harshaw Pl
 City Murphy State NC Zip Code 28906-7094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Builder
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00
 Date of Receipt 11 / 03 / 2008
Transaction ID: C3094737
 Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 350.00
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 30 / 93 |
| | <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)
Heath Shuler for Congress

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Frankie M. McMillan | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| | Mailing Address 334 McMillan Road | Transaction ID: C3085545 |
| | City State Zip Code Murphy NC 28906 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation None Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 475.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Peggy C Melville | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 143 Briar Lane | Transaction ID: C3090132 |
| | City State Zip Code Clyde NC 28721 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation HomeTrust Bank banking | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) W. Harrison Merrill | Date of Receipt MM / DD / YYYY 11 / 02 / 2008 |
| | Mailing Address 3340 Peachtree Rd NE Ste 2200 | Transaction ID: C3093065 |
| | City State Zip Code Atlanta GA 30326-1088 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Merrill Trust Communities & Resorts, L President | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1125.00 |
| 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 / 93 |
| | <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)
Heath Shuler for Congress

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Stephen M. Metcalf | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| | Mailing Address 26 Highland Pointe Drive | Transaction ID: C3087510 |
| | City State Zip Code Weaverville NC 28787 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation The Policy Group, Inc President | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Leigh-Ann Miller | Date of Receipt MM / DD / YYYY 10 / 31 / 2008 |
| | Mailing Address 1316 Starnes Mills Road | Transaction ID: C3091933 |
| | City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation B. Miller Recycling Metal Recycling | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) James W. Moneymaker | Date of Receipt MM / DD / YYYY 10 / 28 / 2008 |
| | Mailing Address 128 Dillon Oaks Dr. | Transaction ID: C3089605 |
| | City State Zip Code Murphy NC 28906 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Cherokee Mtn Realty Real Estate Agent | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 525.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1125.00 |
| 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 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Fred H Moody, III

Mailing Address 1801 Coolidge Drive

City State Zip Code
Ames IA 50010

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

Name of Employer Occupation
McKeever & Edwards Attorney

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

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: C3094626

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Regina Bower Murray

Mailing Address 4207 Towanda Trail

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
self equity investor

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

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: C3090969

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Julia B. Norris

Mailing Address PO Box 548

City State Zip Code
Burnsville NC 28714

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

Name of Employer Occupation
None Retired

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

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: C3094688

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Thomas J. O'Brien

Mailing Address 83 Morris Creek Rd

City State Zip Code
Andrews NC 28901-7464

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

Name of Employer I.O.I. Occupation
CEO

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

Amount of Each Receipt this Period
100.00

Transaction ID: C3088574

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

B.

Full Name (Last, First, Middle Initial)
Ashley Oliver

Mailing Address 1005 Cane Creek Rd

City State Zip Code
Fletcher NC 28732-7416

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

Name of Employer Taylor Ranch Occupation
Farm Manager

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

Amount of Each Receipt this Period
2300.00

Transaction ID: C3088511

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

* In-Kind: Fundraising event facility and catering

C.

Full Name (Last, First, Middle Initial)
Rudy Pelle

Mailing Address PO Box 115

City State Zip Code
Fairview NC 28730

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

Name of Employer Rudy's Furniture Occupation
Owner

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

Amount of Each Receipt this Period
250.00

Transaction ID: C3085542

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

SUBTOTAL of Receipts This Page (optional) ► **2650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ann Phillips | | Date of Receipt MM / DD / YYYY 10 / 20 / 2008 |
| Mailing Address PO Box 75 | | Transaction ID: C3083924 |
| City Robbinsville | State NC | Zip Code 28771-0075 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 275.00 |
| Name of Employer Tri-County Community College | Occupation Administrative | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 275.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Pokagon Band Of Potawatomi Indians | | Date of Receipt MM / DD / YYYY 10 / 30 / 2008 |
| Mailing Address PO Box 180 | | Transaction ID: C3091176 |
| City Dowagiac | State MI | Zip Code 49047-0180 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer N/A | Occupation Tribe | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Donna R Qualmann | | Date of Receipt MM / DD / YYYY 10 / 17 / 2008 |
| Mailing Address PO BOX 868 | | Transaction ID: C3077161 |
| City Skyland | State NC | Zip Code 28776 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1775.00 |
| 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 35 / 93 |
| | <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)
Heath Shuler for Congress

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Thomas James Quigley | | Date of Receipt |
| | Mailing Address 551 Hickory Gap Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Franklin | NC | 28734 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3085647 |
| Name of Employer Swiftwater Stable LLC | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | <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) Ray Rapp | | Date of Receipt |
| | Mailing Address 133 Quail Ridge Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 7 / 2 0 0 8 |
| | City | State | Zip Code |
| | Mars Hill | NC | 28754-6266 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3087964 |
| Name of Employer Mars Hill College | | Occupation Dean | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 275.00 |
| | | | <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) William R. Read | | Date of Receipt |
| | Mailing Address 255 Pine Shore Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Brevard | NC | 28712-7903 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3077138 |
| Name of Employer N/A | | Occupation Retired | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | <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"/> 1125.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Johnny Riddle

Mailing Address 1027 Stillhouse Ln

City State Zip Code
Burnsville NC 28714-7969

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

Name of Employer Self Occupation
Owner of Riddle's used Appliances

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
75.00

Transaction ID: C3097920

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

B.

Full Name (Last, First, Middle Initial)
David Ritz

Mailing Address 163 Madison Dr

City State Zip Code
Murphy NC 28906-5164

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

Name of Employer RE/MAX Occupation
Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
30.00

Transaction ID: C3089603

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

C.

Full Name (Last, First, Middle Initial)
Barbara R. Robinson

Mailing Address PO BOX 344

City State Zip Code
Bryson City NC 28713

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

Name of Employer USPS Occupation
Rural Carrier

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
100.00

Transaction ID: C3089539

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

SUBTOTAL of Receipts This Page (optional) ► **205.00**

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 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Sara H. Robinson

Mailing Address PO Box 997

City State Zip Code
Bryson City NC 28713-0997

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

Name of Employer Occupation
None Retired Clerk of Court

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C3087971

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
Jan S. Rogers

Mailing Address PO Box 542

City State Zip Code
Robbinsville NC 28771

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

Name of Employer Occupation
Southland Realty Owner

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

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

Transaction ID: C3089588

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Greg Rosenbaum

Mailing Address 9140 Vendome Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Palisades Associates, Inc. Merchant Banker

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

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

Transaction ID: C3092738

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Wayne Ruth

Mailing Address 342 Red Fox Cir

City Asheville State NC Zip Code 28803-3383

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C3089565

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
James Ronald Scott

Mailing Address 111 4th Ave S

City Nashville State TN Zip Code 37201-2003

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

Name of Employer JRS Investments Incorporated Occupation President and Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 30 / 2008

Transaction ID: C3091289

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
David A Simms

Mailing Address 715 North L. Street #5

City Lake Worth State FL Zip Code 33460

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

Name of Employer Palm Beach Community College Occupation Math Learning Specialist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2008

Transaction ID: C3087999

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Noland W. Smith | | Date of Receipt MM / DD / YYYY 10 / 28 / 2008 |
| Mailing Address PO Box 491 1680 Pleasant Valey Rd | | Transaction ID: C3089540 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Attorney | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 275.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) John J. Snow, Jr | | Date of Receipt MM / DD / YYYY 10 / 28 / 2008 |
| Mailing Address 105 Van Horn St | | Transaction ID: C3089581 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer State of NC | Occupation Senator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 550.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) John J. Snow, Jr | | Date of Receipt MM / DD / YYYY 10 / 28 / 2008 |
| Mailing Address 105 Van Horn St | | Transaction ID: C3089582 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer State of NC | Occupation Senator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 550.00 | |

* In-Kind: Catering for fundraiser

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 425.00 |
| 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 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
John Joyner Snow, III

Mailing Address PO Box 661

City State Zip Code
Murphy NC 28906

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

Name of Employer Occupation
Nantahala Bank & Trust Vice Pres

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2159.10

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

Transaction ID: C3089583

Amount of Each Receipt this Period
859.10

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

* In-Kind: Catering for fundraiser

B. Full Name (Last, First, Middle Initial)
Marilyn D Staats

Mailing Address PO Box 2670

City State Zip Code
Cashiers NC 28717-2670

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: C3092115

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Ralph Stevens

Mailing Address PO Box 2125

City State Zip Code
Highlands NC 28741-2125

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

Name of Employer Occupation
Jolies Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

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

Transaction ID: C3089536

Amount of Each Receipt this Period
550.00

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

SUBTOTAL of Receipts This Page (optional) ► **1509.10**

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 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Mike Stevenson

Mailing Address 1711 Mission Road

City State Zip Code
Murphy NC 28906

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

Name of Employer Occupation
Murphy Medical Center Hospital CEO

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C3087915

Amount of Each Receipt this Period
200.00

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

B.

Full Name (Last, First, Middle Initial)
Everett Stiles

Mailing Address PO Box 1252

City State Zip Code
Franklin NC 28744-1252

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

Name of Employer Occupation
Old Town Bank President & CEO

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

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

Transaction ID: C3085215

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Douglas M Sutton, Jr.

Mailing Address PO Box E
233 Big A Road

City State Zip Code
Toccoa GA 30577-1403

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

Name of Employer Occupation
Georgia- Carolina Radioca-
sting Compani President/ Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: C3095063

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 42 / 93
(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Stephanie Henley Sutton

Mailing Address 140 Valley View Ter

City State Zip Code
Waynesville NC 28786-4546

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

Name of Employer Mountaineer Oxygen Services
Occupation Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: C3083756

Amount of Each Receipt this Period
1000.00

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

B.

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

Mailing Address 1005 Cane Creek Road

City State Zip Code
Fletcher NC 28732

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

Name of Employer Self
Occupation Real Estate Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C3088509

Amount of Each Receipt this Period
2050.00

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

* In-Kind: Fundraising event facility and catering

C.

Full Name (Last, First, Middle Initial)
William B. Taylor, II

Mailing Address 1005 Cane Creek Road

City State Zip Code
Fletcher NC 28732

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

Name of Employer Taylor Contracting
Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: C3088510

Amount of Each Receipt this Period
2300.00

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

* In-Kind: Fundraising event facility and catering

SUBTOTAL of Receipts This Page (optional) ► **5350.00**

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 43 / 93

(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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Michael E Thompson

Mailing Address PO BOX 281

City State Zip Code
Murphy NC 28906

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 22 / 2008

Transaction ID: C3083975

Amount of Each Receipt this Period 50.00

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

B.

Full Name (Last, First, Middle Initial)
Michael E Thompson

Mailing Address PO BOX 281

City State Zip Code
Murphy NC 28906

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
10 / 27 / 2008

Transaction ID: C3088576

Amount of Each Receipt this Period 100.00

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

C.

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

Mailing Address 10 Waldroup Rd

City State Zip Code
Brasstown NC 28902-8049

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt M M / D D / Y Y Y Y
10 / 25 / 2008

Transaction ID: C3088116

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) 175.00

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 44 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Stella Trapp | | Date of Receipt MM / DD / YYYY 10 / 16 / 2008 |
| Mailing Address 600 East Main Street | | Transaction ID: C3077055 |
| City Brevard | State NC | Zip Code 28712 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Transylvania Times | Occupation Editor in Chief | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) George T Warrick | | Date of Receipt MM / DD / YYYY 10 / 23 / 2008 |
| Mailing Address 284 State Line Road | | Transaction ID: C3085748 |
| City Mooresboro | State NC | Zip Code 28114 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) George T Warrick | | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| Mailing Address 284 State Line Road | | Transaction ID: C3087977 |
| City Mooresboro | State NC | Zip Code 28114 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer N/A | Occupation Retired | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| 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 / 93
(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)
Heath Shuler for Congress

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Frank Hardin Watkins | | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| Mailing Address 106 South Inglenook Lane | | Transaction ID: C3085263 |
| City Flat Rock | State NC | Zip Code 28731 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer N/A | Occupation Retired Public school teacher | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 275.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Sue West | | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| Mailing Address P.O. Box 338 | | Transaction ID: C3090157 |
| City Murphy | State NC | Zip Code 28906 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation Homemaker | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) David C. Whilden | | Date of Receipt MM / DD / YYYY 10 / 25 / 2008 |
| Mailing Address 8 Busbee Road | | Transaction ID: C3087932 |
| City Asheville | State NC | Zip Code 28803 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Boys, Arnold Trust Company | Occupation Investment Banker | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 795.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| 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 46 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Jewell E. Wilson

Mailing Address 32 Lovers Loop Rd

City Asheville State NC Zip Code 28803-9550

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

Name of Employer NC Western Flood Recovery Office Occupation Deputy Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 10 / 25 / 2008

Transaction ID: C3087963

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Kenneth R. Youngblood

Mailing Address 240 3rd Avenue West

City Hendersonville State NC Zip Code 28739

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

Name of Employer Prince Youngblood & Massage Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2008

Transaction ID: C3094707

Amount of Each Receipt this Period 500.00

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

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | 44994.10 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL CO

Mailing Address 655 Beach Street

City State Zip Code
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C3086068

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION

Mailing Address 2011 Crystal Drive, Ste 725

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00357129

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
1 0 / 2 7 / 2 0 0 8

Transaction ID: C3088520

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PA)

Mailing Address 1015 15TH STREET, NW #802

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010868

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 0 / 1 7 / 2 0 0 8

Transaction ID: C3078713

Amount of Each Receipt this Period
1500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt

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

Transaction ID: C3089508

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OST

Mailing Address 1090 Vermont Ave. NW
Suite 510

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00113803

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 |
| 1 | 1 | / | 0 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3093072

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICANS FOR THE ARTS ACTION FUND PAC

Mailing Address 1000 Vermont Avenue NW 6th Floor
6th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3094730

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
BARNES & THORNBURG POLITICAL ACTION COMMITTEE

Mailing Address 11 South Meridian Street
Suite 900

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00395947

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2008
Transaction ID: C3090898

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD G

Mailing Address 310 NORTH AVENUE

City ATLANTA State GA Zip Code 30313

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 04 / 2008
Transaction ID: C3094726

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2008
Transaction ID: C3093171

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
FOREST LANDOWNERS ASSOCIATION INC. POLITICAL ACTIO

Mailing Address 900 Circle 75 Parkway
Suite 205

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00242040

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 30 / 2008

Transaction ID: C3091296

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 1133 Connecticut Avenue, N.W.
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00363994

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2008

Transaction ID: C3088529

Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
HUMANA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1776 EYE STREET NW
Suite 890

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 30 / 2008

Transaction ID: C3091170

Amount of Each Receipt this Period 2500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE

Mailing Address 1101 Pennsylvania Avenue NW
Suite 200

City State Zip Code
Washington DC 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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: C3090904

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
INVACARE CORPORATION POLITICAL ACTION COMMITTEE AK

Mailing Address ONE INVACARE WAY

City State Zip Code
ELYRIA OH 44035

FEC ID number of contributing federal political committee. **C** C00249896

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
1 0 / 2 1 / 2 0 0 8

Transaction ID: C3082878

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City State Zip Code
GLASTONBURY CT 06033

FEC ID number of contributing federal political committee. **C** C00330142

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
1 0 / 2 8 / 2 0 0 8

Transaction ID: C3089498

Amount of Each Receipt this Period
2000.00

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 52 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Martha Alexander Campaign Committee

Mailing Address PO Box 220661

City State Zip Code
Charlotte NC 28222-0661

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3085746

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
MID-ATLANTIC LABORERS' POLITICAL LEAGUE

Mailing Address 12355 SUNRISE VALLEY DRIVE STE 240

City State Zip Code
RESTON VA 20191

FEC ID number of contributing federal political committee. **C** C00429175

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3097356

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 1600 Duke Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3082365

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **7600.00**

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 53 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Nadler For Congress, Inc.

Mailing Address Village Station PO Box 40

City State Zip Code
New York NY 10014

FEC ID number of contributing federal political committee. **C** C00290825

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
1 0 / 3 0 / 2 0 0 8

Transaction ID: C3091165

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 15TH & M STREETS NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C70002712

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
1 1 / 0 1 / 2 0 0 8

Transaction ID: C3094713

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL AD

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: C3078716

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 6500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE

Mailing Address 1201 F Street N.W.
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: C3110012
Amount of Each Receipt this Period: 4000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL LUMBER AND BUILDING MATERIAL DEALERS ASSN

Mailing Address 2025 M Street NW
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00039214

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: C3085436
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
NEA Fund For Children & Public Education

Mailing Address 1201 16th St NW Ste 420

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 11 / 04 / 2008
Transaction ID: C3094676
Amount of Each Receipt this Period: 1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
NORTH CAROLINA PORK COUNCIL PAC (NCP PAC) FKA N C

Mailing Address 2300 REXWOODS DRIVE SUITE 340

City State Zip Code
RALEIGH NC 27607

FEC ID number of contributing federal political committee. **C** C00235184

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
1 0 / 2 3 / 2 0 0 8

Transaction ID: C3085753

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PEPSI-COLA BOTTLERS ASSOCIATION-PAC

Mailing Address 99 TROPHY CLUB DRIVE
SUITE 250

City State Zip Code
TROPHY CLUB TX 76262

FEC ID number of contributing federal political committee. **C** C00122671

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
1 1 / 0 1 / 2 0 0 8

Transaction ID: C3091717

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
PRIDE MOBILITY PRODUCTS CORP PAC

Mailing Address 182 SUSQUEHANNA AVE

City State Zip Code
EXETER PA 18643

FEC ID number of contributing federal political committee. **C** C00388132

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
1 0 / 2 0 / 2 0 0 8

Transaction ID: C3082378

Amount of Each Receipt this Period
1000.00

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 56 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATION INC GOOD GOV'T CLUB

Mailing Address 1717 Arch Street 47S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2008
Transaction ID: C3086057
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
VGM MANAGEMENT LTD PAC (VGMPAC)

Mailing Address 1111 W. San Marnan Dr.

City Waterloo State IA Zip Code 50701

FEC ID number of contributing federal political committee. **C** C00402545

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2008
Transaction ID: C3083777
 Amount of Each Receipt this Period 1000.00

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) ► 49600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 93
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Bruce Goforth

Mailing Address 115 Stonecrest Dr

City State Zip Code
Asheville NC 28803-8514

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

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
1 0 / 2 9 / 2 0 0 8

Transaction ID: C3090343

Amount of Each Receipt this Period
1000.00

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) | ▶ | 1000.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 58 / 93 | |
| | (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)
Heath Shuler for Congress

A.

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) HomeTrust Bank | | Date of Receipt |
| Mailing Address PO Box 10 | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| City | State | Zip Code |
| Asheville | NC | 28802-0010 |
| FEC ID number of contributing federal political committee. | | Transaction ID: C3140088 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="2746.41"/> |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | | |
| Receipt For: 2008 | Election Cycle-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="13367.45"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="2746.41"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="2746.41"/> |

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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Robert Thorpe Brown

Mailing Address P.O. Box 2367

City Cherokee State NC Zip Code 28719

Purpose of Disbursement
Camp. Visibilit (Field)

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206065
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

816.52

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

B.

Full Name (Last, First, Middle Initial)
Buncombe County Democrats

Mailing Address 951 Old Fairview Rd

City Asheville State NC Zip Code 28803

Purpose of Disbursement
Contributions

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206131
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
Campaign Finance Officers

Mailing Address 154 Arlington Ave

City Providence State RI Zip Code 02906-2330

Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206172
Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

1132.30

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

SUBTOTAL of Disbursements This Page (optional)

4448.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) E-Chx, Inc. | Transaction ID: D206190 |
| | Mailing Address 13010 Morris Rd. Suite 410 | Date of Disbursement 11 / 14 / 2008 |
| | City Alpharetta State GA Zip Code 30004 | Amount of Each Disbursement this Period 34.34 |
| | Purpose of Disbursement Payroll Expenses | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) E-Chx, Inc. | Transaction ID: D206191 |
| | Mailing Address 13010 Morris Rd. Suite 410 | Date of Disbursement 11 / 14 / 2008 |
| | City Alpharetta State GA Zip Code 30004 | Amount of Each Disbursement this Period 37.57 |
| | Purpose of Disbursement Payroll Expenses | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) E-Chx, Inc. | Transaction ID: D206192 |
| | Mailing Address 13010 Morris Rd. Suite 410 | Date of Disbursement 11 / 14 / 2008 |
| | City Alpharetta State GA Zip Code 30004 | Amount of Each Disbursement this Period 354.10 |
| | Purpose of Disbursement Payroll Taxes | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 426.01 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Heath Shuler for Congress

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) E-Chx, Inc.</p> <p>Mailing Address 13010 Morris Rd. Suite 410</p> <p>City Alpharetta State GA Zip Code 30004</p> <p>Purpose of Disbursement Payroll 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206194</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 3005.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) E-Chx, Inc.</p> <p>Mailing Address 13010 Morris Rd. Suite 410</p> <p>City Alpharetta State GA Zip Code 30004</p> <p>Purpose of Disbursement Payroll Fees</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206124</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 37.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) E-Chx, Inc.</p> <p>Mailing Address 13010 Morris Rd. Suite 410</p> <p>City Alpharetta State GA Zip Code 30004</p> <p>Purpose of Disbursement Payroll 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206126</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 3005.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6047.69

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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Erickson & Company

Mailing Address 38 Ivy St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Consultant Exp. (Fundraising)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206066
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|---------|
| 3676.36 |
|---------|

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

B.

Full Name (Last, First, Middle Initial)
Ms. Kathryn Marie Gunthorpe

Mailing Address 504 Rivers Edge Rd

City Asheville State NC Zip Code 28805-8779

Purpose of Disbursement
Staff Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206102
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 135.58 |
|--------|

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

C.

Full Name (Last, First, Middle Initial)
Ms. Kathryn Marie Gunthorpe

Mailing Address 504 Rivers Edge Rd

City Asheville State NC Zip Code 28805-8779

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206424
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 4561.94 |
|---------|

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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Kathryn Marie Gunthorpe

Transaction ID: D206425
Date of Disbursement

Mailing Address 504 Rivers Edge Rd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 3 | | 2 | 0 | 0 | 8 |

City Asheville State NC Zip Code 28805-8779

Amount of Each Disbursement this Period

| |
|--------|
| 679.65 |
|--------|

Purpose of Disbursement

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

Payroll
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)
Ms. Kathryn Marie Gunthorpe

Transaction ID: D206426
Date of Disbursement

Mailing Address 504 Rivers Edge Rd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 3 | 1 | | 2 | 0 | 0 | 8 |

City Asheville State NC Zip Code 28805-8779

Amount of Each Disbursement this Period

| |
|--------|
| 679.65 |
|--------|

Purpose of Disbursement

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

Payroll
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)
Lasting Printing and Graphics

Transaction ID: D206064
Date of Disbursement

Mailing Address PO Box 18361

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

City Raleigh State NC Zip Code 27619

Amount of Each Disbursement this Period

| |
|--------|
| 816.52 |
|--------|

Purpose of Disbursement
Printing (Gen. Camp. Exp.)

| |
|-------------------|
| 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)

| |
|---------|
| 2175.82 |
|---------|

TOTAL This Period (last page this line number only)

| |
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| |
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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)
Heath Shuler for Congress

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mail Management Services, LLC <hr/> Mailing Address PO Box 7557 <hr/> City Asheville State NC Zip Code 28802-7557 <hr/> Purpose of Disbursement Mail House Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206198 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 1723.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) NGP Software, Inc. <hr/> Mailing Address 1225 I St NW Ste 1225 <hr/> City Washington State DC Zip Code 20005-5918 <hr/> Purpose of Disbursement Database Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206173 Date of Disbursement 11 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 2200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) NGP Software, Inc. <hr/> Mailing Address 1225 I St NW Ste 1225 <hr/> City Washington State DC Zip Code 20005-5918 <hr/> Purpose of Disbursement Database Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206063 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

4103.66

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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Ashley Oliver

Mailing Address 1005 Cane Creek Rd

City Fletcher State NC Zip Code 28732-7416

Purpose of Disbursement
Fundraising event facility and catering
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D194786
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 5 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|---------|
| 2300.00 |
|---------|

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

* In-Kind Received

B.

Full Name (Last, First, Middle Initial)
Hon. John J. Snow, Jr

Mailing Address 105 Van Horn St

City Murphy State NC Zip Code 28906

Purpose of Disbursement
Catering for fundraiser
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D194960
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 350.00 |
|--------|

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

* In-Kind Received

C.

Full Name (Last, First, Middle Initial)
Mr. John Joyner Snow, III

Mailing Address PO Box 661

City Murphy State NC Zip Code 28906

Purpose of Disbursement
Catering for fundraiser
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D194961
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 859.10 |
|--------|

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

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3509.10 |
|---------|

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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Stowaway Storage | Transaction ID: D206171 Date of Disbursement 11 / 06 / 2008 |
| | Mailing Address 40 Wilmington Street | Amount of Each Disbursement this Period 70.00 |
| | City Asheville State NC Zip Code 28806 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Exp. (Gen. Camp. Exp.) Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Suntrust Merchant Services, LLC | Transaction ID: D206169 Date of Disbursement 11 / 05 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 136.02 |
| | City Hagerstown State MD Zip Code 21741 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Service Charges Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Suntrust Merchant Services, LLC | Transaction ID: D206183 Date of Disbursement 11 / 12 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 64.90 |
| | City Hagerstown State MD Zip Code 21741 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Service Charges Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 270.92 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Suntrust Merchant Services, LLC | Transaction ID: D206184 Date of Disbursement 11 / 12 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 200.59 |
| | City Hagerstown State MD Zip Code 21741 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Service Charges Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Suntrust Merchant Services, LLC | Transaction ID: D206185 Date of Disbursement 11 / 12 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 496.46 |
| | City Hagerstown State MD Zip Code 21741 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Bank Service Charges Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Susanna Supalla | Transaction ID: D206427 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 60 Caledonia Rd Apt 416 | Amount of Each Disbursement this Period 1626.29 |
| | City Asheville State NC Zip Code 28803-0903 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2323.34 |
| 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)
Heath Shuler for Congress

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Susanna Supalla</p> <p>Mailing Address 60 Caledonia Rd Apt 416</p> <p>City Asheville State NC Zip Code 28803-0903</p> <p>Purpose of Disbursement Payroll</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206428 Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1626.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Sylva Herald</p> <p>Mailing Address PO Box 307</p> <p>City Sylva State NC Zip Code 28779</p> <p>Purpose of Disbursement Print Buys</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206091 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 6987.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) William B. Taylor</p> <p>Mailing Address 1005 Cane Creek Road</p> <p>City Fletcher State NC Zip Code 28732</p> <p>Purpose of Disbursement Fundraising event facility and catering</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D194784 Date of Disbursement 10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2050.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p> |

SUBTOTAL of Disbursements This Page (optional) ►

10664.02

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 69 / 93

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Heath Shuler for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) William B. Taylor, II | Transaction ID: D194785 Date of Disbursement 10 / 25 / 2008 |
| | Mailing Address 1005 Cane Creek Road | Amount of Each Disbursement this Period 2300.00 |
| | City Fletcher State NC Zip Code 28732 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Fundraising event facility and catering | * In-Kind Received |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) USPS - Grace Station | Transaction ID: D206090 Date of Disbursement 10 / 20 / 2008 |
| | Mailing Address 725 Merrimon Ave | Amount of Each Disbursement this Period 210.00 |
| | City Asheville State NC Zip Code 28804 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Fundraising) | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) USPS - Grace Station | Transaction ID: D206097 Date of Disbursement 10 / 22 / 2008 |
| | Mailing Address 725 Merrimon Ave | Amount of Each Disbursement this Period 1260.00 |
| | City Asheville State NC Zip Code 28804 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Fundraising) | |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3770.00 |
| 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)
Heath Shuler for Congress

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Vonage Mailing Address 23 Main St City Holmdel State NJ Zip Code 07733-2136 Purpose of Disbursement Office Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206197 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 66.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Wachovia Bank N.A. Mailing Address PO Box 105204 City Atlanta State GA Zip Code 30348 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206186 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 43.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Andrew Whalen Mailing Address 38 Merchant St City Asheville State NC Zip Code 28803-1323 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206429 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 2949.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

3058.18

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)

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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)
Heath Shuler for Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Andrew Whalen</p> <p>Mailing Address 38 Merchant St</p> <p>City Asheville State NC Zip Code 28803-1323</p> <p>Purpose of Disbursement Payroll</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206430 Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2949.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Andrew Whalen</p> <p>Mailing Address 38 Merchant St</p> <p>City Asheville State NC Zip Code 28803-1323</p> <p>Purpose of Disbursement Volunteer Expenses</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206134 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Yancey County Journal</p> <p>Mailing Address 22 N Main St</p> <p>City Burnsville State NC Zip Code 28714</p> <p>Purpose of Disbursement Print Buys</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D206132 Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 364.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3523.07

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)
Heath Shuler for Congress

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Wachovia Bank N.A. <hr/> Mailing Address PO Box 105204 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement Wachovia VISA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206092 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 8197.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Dick's Sporting Goods <hr/> Mailing Address 107 River Hills Rd # A <hr/> City Asheville State NC Zip Code 28805 <hr/> Purpose of Disbursement Host gifts (Fundraising) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206058 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 374.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 1250 H St NW # 100 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206061 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 27.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 8197.63 |
| 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Wachovia Bank N.A.

Mailing Address PO Box 105204

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Discount

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D206060
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

-1.46

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Wachovia Bank N.A.

Mailing Address PO Box 105204

City Atlanta State GA Zip Code 30348

Purpose of Disbursement
Wachovia VISA

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D206177
Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

24197.69

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

C.

Full Name (Last, First, Middle Initial)
Asheville Citizen Times

Mailing Address 14 O'Henry Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement
Print Buys

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D206087
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

633.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

24197.69

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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Cafe of the Square

Mailing Address 1 Biltmore Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement
Event Expenses (Fundraising)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206103
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

389.99

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cherokee Scout

Mailing Address 110 S Church St

City Murphy State NC Zip Code 28906

Purpose of Disbursement
Print Buys

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206107
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

3681.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cherokee Scout

Mailing Address 110 S Church St

City Murphy State NC Zip Code 28906

Purpose of Disbursement
Print Buys

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D206086
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

8360.42

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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)
Heath Shuler for Congress

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Crowne Plaza Asheville Mailing Address 1 Holiday Inn Drive City Asheville State NC Zip Code 28806 Purpose of Disbursement Staff Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206174 Date of Disbursement 11 / 06 / 2008 Amount of Each Disbursement this Period 1674.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Macon County News Mailing Address 107 Highlands Rd City Franklin State NC Zip Code 28734 Purpose of Disbursement Print Buys Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206175 Date of Disbursement 11 / 06 / 2008 Amount of Each Disbursement this Period 151.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Macon County News Mailing Address 107 Highlands Rd City Franklin State NC Zip Code 28734 Purpose of Disbursement Print Buys Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D206094 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 826.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Heath Shuler for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mikado Japanese Steak House | Transaction ID: D206135 |
| | Mailing Address 45 Tunnel Rd | Date of Disbursement MM / DD / YYYY 11 / 03 / 2008 |
| | City Asheville State NC Zip Code 28805-1229 | Amount of Each Disbursement this Period 61.20 |
| | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mikado Japanese Steak House | Transaction ID: D206136 |
| | Mailing Address 45 Tunnel Rd | Date of Disbursement MM / DD / YYYY 11 / 04 / 2008 |
| | City Asheville State NC Zip Code 28805-1229 | Amount of Each Disbursement this Period 169.86 |
| | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: D206104 |
| | Mailing Address 4455 Connecticut Ave NW | Date of Disbursement MM / DD / YYYY 10 / 23 / 2008 |
| | City Washington State DC Zip Code 20008-2324 | Amount of Each Disbursement this Period 608.05 |
| | Purpose of Disbursement Office Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)

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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)
Heath Shuler for Congress

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 4455 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20008-2324</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>Transaction ID: D206105</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 27.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Smokey Mountain Sentinel</p> <p>Mailing Address 116 Sanderson St</p> <p>City Hayesville State NC Zip Code 28904</p> <p>Purpose of Disbursement Print Buys</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>Transaction ID: D206085</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5226.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1250 H St NW # 100</p> <p>City Washington State DC Zip Code 20004</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>Transaction ID: D206098</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 319.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: D206129 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 1250 H St NW # 100 | Amount of Each Disbursement this Period 53.36 |
| | City Washington State DC Zip Code 20004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: D206180 Date of Disbursement 11 / 10 / 2008 |
| | Mailing Address 1250 H St NW # 100 | Amount of Each Disbursement this Period 64.16 |
| | City Washington State DC Zip Code 20004 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Office Supplies Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) The Smoky Mountain News | Transaction ID: D206084 Date of Disbursement 10 / 17 / 2008 |
| | Mailing Address 34 Church St | Amount of Each Disbursement this Period 1192.00 |
| | City Waynesville State NC Zip Code 28786 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Print Buys Candidate Name | [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) The UPS Store - Asheville | Transaction ID: D206088 Date of Disbursement 10 / 17 / 2008 |
| | Mailing Address 1070-1 Tunnel Rd Suite 10 | Amount of Each Disbursement this Period 42.99 |
| | City Asheville State NC Zip Code 28805 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Gen. Camp. Exp.) | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) The UPS Store - Asheville | Transaction ID: D206113 Date of Disbursement 10 / 27 / 2008 |
| | Mailing Address 1070-1 Tunnel Rd Suite 10 | Amount of Each Disbursement this Period 135.70 |
| | City Asheville State NC Zip Code 28805 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Gen. Camp. Exp.) | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) The UPS Store - Asheville | Transaction ID: D206118 Date of Disbursement 10 / 28 / 2008 |
| | Mailing Address 1070-1 Tunnel Rd Suite 10 | Amount of Each Disbursement this Period 20.51 |
| | City Asheville State NC Zip Code 28805 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Gen. Camp. Exp.) | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)
Heath Shuler for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) The UPS Store - Asheville | Transaction ID: D206095 Date of Disbursement |
| | Mailing Address 1070-1 Tunnel Rd Suite 10 | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/> |
| | City Asheville State NC Zip Code 28805 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Postage (Gen. Camp. Exp.) | <input type="text" value="46.04"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) The UPS Store - Asheville | Transaction ID: D206128 Date of Disbursement |
| | Mailing Address 1070-1 Tunnel Rd Suite 10 | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City Asheville State NC Zip Code 28805 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Postage (Gen. Camp. Exp.) | <input type="text" value="10.54"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) US Airways | Transaction ID: D206182 Date of Disbursement |
| | Mailing Address 4000 E. Sky Harbor Blvd. | <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City Phoenix State AZ Zip Code 85034 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Staff Travel | <input type="text" value="217.50"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|-----------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
USPS - Asheville

Mailing Address 33 Coxe Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement

Postage (Field)

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206096

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

52.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
USPS - Asheville

Mailing Address 33 Coxe Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement

Postage (Fundraising)

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206112

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

4.80

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
USPS - Asheville

Mailing Address 33 Coxe Ave

City Asheville State NC Zip Code 28801

Purpose of Disbursement

Postage (Fundraising)

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206121

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

14.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) USPS - Asheville | Transaction ID: D206116 Date of Disbursement 10 / 28 / 2008 |
| | Mailing Address 33 Coxe Ave | Amount of Each Disbursement this Period 50.35 |
| | City Asheville State NC Zip Code 28801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Fundraising) Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) USPS - Asheville | Transaction ID: D206117 Date of Disbursement 10 / 28 / 2008 |
| | Mailing Address 33 Coxe Ave | Amount of Each Disbursement this Period 19.20 |
| | City Asheville State NC Zip Code 28801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Fundraising) Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) USPS - Asheville | Transaction ID: D206127 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address 33 Coxe Ave | Amount of Each Disbursement this Period 9.60 |
| | City Asheville State NC Zip Code 28801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage (Fundraising) Candidate Name | <input type="checkbox"/> [MEMO ITEM] |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D206122 Date of Disbursement 10 / 30 / 2008 |
| | Mailing Address Post Office Box 96082 | Amount of Each Disbursement this Period 166.65 |
| | City Bellevue State WA Zip Code 98009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Mobile Phone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D206123 Date of Disbursement 10 / 30 / 2008 |
| | Mailing Address Post Office Box 96082 | Amount of Each Disbursement this Period 245.41 |
| | City Bellevue State WA Zip Code 98009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Mobile Phone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D206082 Date of Disbursement 10 / 17 / 2008 |
| | Mailing Address Post Office Box 96082 | Amount of Each Disbursement this Period 171.13 |
| | City Bellevue State WA Zip Code 98009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Mobile Phone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)
Heath Shuler for Congress

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D206083 Date of Disbursement 10 / 17 / 2008 |
| | Mailing Address Post Office Box 96082 | Amount of Each Disbursement this Period 172.37 |
| | City Bellevue State WA Zip Code 98009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Mobile Phone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: D206176 Date of Disbursement 11 / 06 / 2008 |
| | Mailing Address Post Office Box 96082 | Amount of Each Disbursement this Period 169.64 |
| | City Bellevue State WA Zip Code 98009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Mobile Phone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Wachovia Bank N.A. | Transaction ID: D206130 Date of Disbursement 10 / 31 / 2008 |
| | Mailing Address PO Box 105204 | Amount of Each Disbursement this Period -11.03 |
| | City Atlanta State GA Zip Code 30348 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Discount Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Greenbrier

Mailing Address 300 W. Main Street

City State Zip Code
White Sulphur Spri WV 24986

Purpose of Disbursement

Candidate Hotel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206195

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 4 | / | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 252.16 |
|--------|

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

[MEMO ITEM]

B.

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

Mailing Address Post Office Box 96082

City State Zip Code
Bellevue WA 98009

Purpose of Disbursement

Mobile Phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206178

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 172.37 |
|--------|

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

81277.89

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 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Alabama Democratic Party

Mailing Address PO Box 950

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Contributions

Candidate Name
STATE DEMOCRATIC EXECUTIVE COMMITTEE OF ALABAMA

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D206062
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

15000.00

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

B.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Cmte

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions

Candidate Name
Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D206100
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

25000.00

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

C.

Full Name (Last, First, Middle Initial)
Kentucky Democratic Party

Mailing Address PO Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement
Contributions

Candidate Name
KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D206109
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
MISSISSIPPI DEMOCRATIC PARTY POLITICAL ACTION COMM

Transaction ID: D206108
Date of Disbursement

Mailing Address PO Box 1583

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

City State Zip Code
Jackson MS 39215

Amount of Each Disbursement this Period

| |
|----------|
| 14000.00 |
|----------|

Purpose of Disbursement
Contributions

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

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

Candidate Name
MISSISSIPPI DEMOCRATIC PARTY POLITICAL ACTION COMM

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
North Carolina Democratic Party

Transaction ID: D206055
Date of Disbursement

Mailing Address 220 Hillsborough St.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 |

City State Zip Code
Raleigh NC 27603

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Purpose of Disbursement
Contributions

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

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

Candidate Name
NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|----------|
| 24000.00 |
|----------|

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

| |
|----------|
| 69000.00 |
|----------|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Bev Perdue Committee

Mailing Address PO Box 12086

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contributions

Candidate Name
Bev Perdue Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D206070
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

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

B.

Full Name (Last, First, Middle Initial)
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City Montgomery State AL Zip Code 36102

Purpose of Disbursement
CONTRIBUTIONS

Candidate Name
Bobby Neal Bright

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 02

Transaction ID: D206056
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

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

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

C.

Full Name (Last, First, Middle Initial)
CARMOUCHE FOR CONGRESS INC

Mailing Address 912 KINGS HIGHWAY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement
Contributions

Candidate Name
Paul Carmouche

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 04

Transaction ID: D206189
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 4 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

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| 8000.00 |
|---------|

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 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)
Heath Shuler for Congress

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Committee to Elect Bruce Goforth | Transaction ID: D206077 Date of Disbursement |
| | Mailing Address 115 Stonecrest Dr | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Asheville State NC Zip Code 28803-8514 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions | <input type="text" value="1000.00"/> |
| | Candidate Name Committee to Elect Bruce Goforth | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Committee to Elect Jane Whilden | Transaction ID: D206073 Date of Disbursement |
| | Mailing Address PO Box 5593 | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Asheville State NC Zip Code 28813 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions | <input type="text" value="1000.00"/> |
| | Candidate Name Committee to Elect Jane Whilden | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Committee to Elect Martin Nesbitt | Transaction ID: D206076 Date of Disbursement |
| | Mailing Address 29 North Market St, 7th Floor | <input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/> |
| | City Asheville State NC Zip Code 28801 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contributions | <input type="text" value="1000.00"/> |
| | Candidate Name Committee to Elect Martin Nesbitt | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 93

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
Heath Shuler for Congress

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Dalton for Lt Governor</p> <p>Mailing Address PO Box 661</p> <p>City Rutherfordton State NC Zip Code 28139</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Dalton for Lt Governor</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D206071</p> <p>Date of Disbursement</p> <p>10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period</p> <p>4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS</p> <p>Mailing Address P.O. BOX 960821</p> <p>City RIVERDALE State GA Zip Code 30296</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name David Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 13</p> | <p>Transaction ID: D206114</p> <p>Date of Disbursement</p> <p>10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period</p> <p>2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Friends of Joe Sam Queen</p> <p>Mailing Address 71 Pigeon St</p> <p>City Waynesville State NC Zip Code 28786</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Friends of Joe Sam Queen</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D206072</p> <p>Date of Disbursement</p> <p>10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period</p> <p>4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Hagan Senate Committee

Mailing Address PO BOX 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
CONTRIBUTIONS

Candidate Name
Kay Hagan

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206067
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
Keith Melton for State Senate

Mailing Address PO Box 122

City Caroleen State NC Zip Code 28019

Purpose of Disbursement
Contributions

Candidate Name
Keith Melton for State Senate

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206079
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Markey for Congress

Mailing Address PO Box 1333

City Fort Collins State CO Zip Code 80521

Purpose of Disbursement
Contributions

Candidate Name
Elizabeth Markey

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D206069
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

4000.00

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 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)
Heath Shuler for Congress

A.

Full Name (Last, First, Middle Initial)
Mike Montagano for Congress

Transaction ID: D206068

Date of Disbursement

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

Mailing Address PO BOX 615

Amount of Each Disbursement this Period

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

City GOSHEN State IN Zip Code 46527

Purpose of Disbursement

Contributions

Category/
Type

Candidate Name
Michael MONTAGANO

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 03

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

B.

Full Name (Last, First, Middle Initial)
Phil Haire for NC House

Transaction ID: D206074

Date of Disbursement

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

Mailing Address PO Box 727

Amount of Each Disbursement this Period

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

City Sylva State NC Zip Code 28779

Purpose of Disbursement

Contributions

Category/
Type

Candidate Name
Phil Haire for NC House

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

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

C.

Full Name (Last, First, Middle Initial)
Snow for Senate Committee

Transaction ID: D206075

Date of Disbursement

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

Mailing Address 105 Van Horn Street

Amount of Each Disbursement this Period

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

City Murphy State NC Zip Code 28906

Purpose of Disbursement

Contributions

Category/
Type

Candidate Name
Snow for Senate Committee

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

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

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 3000.00 |
|---------|

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)

PAGE 93 / 93

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
Heath Shuler for Congress

A. Full Name (Last, First, Middle Initial)
Tom Thomas for NC House District 113

Mailing Address 5133 Boylston Hwy

City Mills River State NC Zip Code 28759

Purpose of Disbursement
Contributions

Candidate Name
Tom Thomas for NC House District 113

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D206078
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
William Henry Vines for NC House

Mailing Address 3450 Isley Rd

City Snow Camp State NC Zip Code 27349

Purpose of Disbursement
Contributions

Candidate Name
William Henry Vines for NC House

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: D206080
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

30000.00