

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

Butterfield for Congress

ADDRESS (number and street) PO Box 2571

Check if different than previously reported. (ACC)

Wilson NC 27894

2. **FEC IDENTIFICATION NUMBER** C00401190

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

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

NC 01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 04 01 2005 through 06 30 2005

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 Ernest Leonard

Signature of Treasurer Electronically Filed by Ernest Leonard Date 08 20 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Butterfield for Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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)).....	55295.00	96065.62
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55295.00	96065.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	23144.97	72866.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23144.97	72866.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35091.41	
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).....	40000.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Butterfield for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

18750.00

29050.00

(ii) Unitemized.....

2795.00

7265.62

(iii) TOTAL of contributions

21545.00

36315.62

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

33750.00

59750.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

55295.00

96065.62

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

55295.00

96065.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23144.97	72866.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	15000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	15000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	8919.78	11847.98
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	34064.75	99714.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13861.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	55295.00
25. SUBTOTAL (add Line 23 and Line 24).....	69156.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34064.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35091.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 49
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Drewery Beale		Date of Receipt
	Mailing Address 111 Beechwood Drive		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Roanoke Rapids	NC	27870-3208
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer City of Roanoke Rapids		Occupation Mayor	Transaction ID: C804
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			<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) Elie Bracy, III		Date of Receipt
	Mailing Address P.O. Box 103		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Weldon	NC	27890
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Weldon City Schools		Occupation Superintendent	Transaction ID: C837
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			<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) Dock M. Brown		Date of Receipt
	Mailing Address 314 Meadow Lane		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	Weldon	NC	27890-1632
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired Principal		Occupation Retired Principal	Transaction ID: C810
Receipt For: 2006		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Turner B Bunn, III		Date of Receipt MM / DD / YYYY 06 / 28 / 2005
	Mailing Address 2514 W. Nash Street		Transaction ID: C854
	City Wilson	State NC	Zip Code 27893
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Connor Bunn Rogerson & Woodard	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Theaoseus T. Clayton, Sr.		Date of Receipt MM / DD / YYYY 05 / 31 / 2005
	Mailing Address 177 Northside Drive Lake Gaston		Transaction ID: C808
	City Littleton	State NC	Zip Code 27850
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Ernest Collins		Date of Receipt MM / DD / YYYY 05 / 31 / 2005
	Mailing Address 105 Candlewood Road		Transaction ID: C802
	City Rocky Mount	State NC	Zip Code 27804
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Chichester & Walker	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
Melvin Dawson

Mailing Address PO Box 864

City State Zip Code
Weldon NC 27890

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	5

Transaction ID: C838

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)
Regina S. Dickens

Mailing Address 1905 Weavers Church Road

City State Zip Code
Littleton NC 27850

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation
Democratic Leader

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	5

Transaction ID: C835

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)
George W. Draper

Mailing Address 605 Sycamore Street

City State Zip Code
Weldon NC 27890

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation
Mayor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	5

Transaction ID: C807

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) 1000.00

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 / 49

(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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
William L. Ellis

Mailing Address Post Office Box 3509

City State Zip Code
Wilson NC 27895

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bill Ellis Barbeque CEO

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2005

Transaction ID: C849

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)
Robert A. Farris, Jr.

Mailing Address Post Office Box 2727

City State Zip Code
Wilson NC 27893

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Farris & Farris Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2005

Transaction ID: C867

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)
William C. Farris

Mailing Address Post Office Box 999

City State Zip Code
Wilson NC 27894

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Farris & Farris District Court Judge

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2005

Transaction ID: C866

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) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
Theodore Ted Gasper, Jr.
Mailing Address PO Drawer 809
City Weldon State NC Zip Code 27890
FEC ID number of contributing federal political committee. C
Name of Employer Halifax Community College Occupation President
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 28 / 2005
Transaction ID: C841
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)
Wayne V. Gay
Mailing Address 4701 Country Club Drive
City Wilson State NC Zip Code 27896
FEC ID number of contributing federal political committee. C
Name of Employer County of Wilson Occupation Sheriff
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 06 / 28 / 2005
Transaction ID: C822
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)
Willie J. Gilchrist
Mailing Address 1304 Parkwood Drive
City Elizabeth City State NC Zip Code 27909
FEC ID number of contributing federal political committee. C
Name of Employer Elizabeth City State University Occupation Chancellor
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 28 / 2005
Transaction ID: C836
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) 1000.00
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 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
Carl Godfrey

Mailing Address 9386 Mount Vernon Circle

City State Zip Code
Alexandria VA 22309-3219

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C848

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)
Rebecca Halkias

Mailing Address Rebecca Halkias
317 C Street NE

City State Zip Code
Washington DC 20002

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C834

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)
Bobby Johnson

Mailing Address PO Box 498

City State Zip Code
Black Creek NC 27813

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C851

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) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 49

(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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
Horace Johnson, Sr.

Mailing Address 36221 Nc Highway 561

City Littleton State NC Zip Code 27850-9079

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Retired Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2005

Transaction ID: C805

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)
Robin Johnson

Mailing Address 612 Raleigh Road Pkwy W

City Wilson State NC Zip Code 27893-2107

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2005

Transaction ID: C857

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)
Willie G. Lucas

Mailing Address 4325 Camelia Drive

City Wilson State NC Zip Code 27896

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Corporate Officer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2005

Transaction ID: C847

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) 2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
Charmayne Macon

Mailing Address 5459 Mittendorf Lane

City State Zip Code
Alexandria VA 22315

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

Name of Employer Occupation
The Ferguson Group Lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5

Transaction ID: C878

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)
Ravinder Mamedi

Mailing Address 811 Carolina Street

City State Zip Code
Roanoke Rapids NC 27870

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

Name of Employer Occupation
Self Employed Psychiatrist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C840

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)
Jeaneen Miller

Mailing Address 4901 Overlook Drive

City State Zip Code
Elm City NC 27822-7928

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C873

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) ► **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 13 / 49
(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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
T. Davis Miller

Mailing Address 4901 Overlook Drive

City Elm City State NC Zip Code 27822-7928

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

Name of Employer Tobacco Rag Processors Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2005

Transaction ID: C852

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)
Thomas D. Miller, III

Mailing Address 2147 Belote PI

City Jacksonville State FL Zip Code 32207-3363

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2005

Transaction ID: C856

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)
Neal Phillips

Mailing Address 331 Woodland Hurst Rd

City Littleton State NC Zip Code 27850

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

Name of Employer Town of Weldon Occupation Town Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2005

Transaction ID: C839

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) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(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)
Butterfield for Congress

A.

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

Mailing Address 241 Wood Glen Rd

City State Zip Code
Roanoke Rapids NC 27870

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

Name of Employer Occupation
International Paper Supervisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C806

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)
Anthony Podesta

Mailing Address 6106 Beachway Drive

City State Zip Code
Falls Church VA 22041-1410

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

Name of Employer Occupation
Information Requested Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C875

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)
Ronnie C. Reaves

Mailing Address Post Office Drawer 587

City State Zip Code
Weldon NC 27890

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 5

Transaction ID: C809

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) ► **750.00**

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 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) Tommy Roberson</p> <p>Mailing Address 903 Hyland Avenue</p> <p>City State Zip Code Williamston NC 27892-2117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Metallix Inc. Occupation Manager</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5</p> <p>Transaction ID: C879</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) James F. Rogerson</p> <p>Mailing Address 1213 Watson Drive</p> <p>City State Zip Code Wilson NC 27896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Connor Bunn Rogerson & Woodward Occupation Attorney</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5</p> <p>Transaction ID: C853</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Thomas R. Sallenger</p> <p>Mailing Address 5742 Thompson Chapel Church Rd</p> <p>City State Zip Code Wilson NC 27896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Attorney</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5</p> <p>Transaction ID: C862</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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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 16 / 49
(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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial) The Ferguson Group		Date of Receipt MM / DD / YYYY 04 / 07 / 2005
Mailing Address 1130 Connecticut Ave., NW Suite 300		Transaction ID: C764
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Elsie R. Walston		Date of Receipt MM / DD / YYYY 06 / 28 / 2005
Mailing Address PO Box 3993		Transaction ID: C855
City Wilson	State NC	Zip Code 27893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Elsie Walston & Sons	Occupation Plumbing Contractor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) David W. Woodard		Date of Receipt MM / DD / YYYY 06 / 28 / 2005
Mailing Address P.O. Drawer 3299		Transaction ID: C874
City Wilson	State NC	Zip Code 27893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Connor Bunn Rogerson & Woodard	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	18750.00

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

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

FOR LINE NUMBER: PAGE 17 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
AFL-CIO MI COPE PCC
Mailing Address 815 16TH STREET NW
City WASHINGTON State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00378893
Name of Employer Occupation
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 04 / 11 / 2005
Transaction ID: C770
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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL A
Mailing Address 421 AVIATION WAY
City FREDERICK State MD Zip Code 21701
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 05 / 31 / 2005
Transaction ID: C788
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 ASSOCIATION FOR JUSTICE POLITICAL ACTION
Mailing Address 1050 31st Street N.W.
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2004 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 5000.00
Date of Receipt: 06 / 28 / 2005
Transaction ID: C1184
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) ► 4500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)
Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C871

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)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM
Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5

Transaction ID: C1153

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 Sugar Cane League
Mailing Address P. O. Drawer 938

City State Zip Code
Thibodaux LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C813

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) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COM

Mailing Address One Busch Place 202-5

City State Zip Code
St. Louis MO 63118

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C818

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)
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C811

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)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITE

Mailing Address 101 Constitution Ave NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C820

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) ► **4500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION
 Mailing Address 100 INDIANA AVENUE NW
 City State Zip Code
 WASHINGTON DC 20001
 FEC ID number of contributing federal political committee. **C** C70001516
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 5
Transaction ID: C790
 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)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA
 Mailing Address 601 Pennsylvania Avenue NW
 South Building Suite 600B
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 3500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 5
Transaction ID: C769
 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)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA
 Mailing Address 601 Pennsylvania Avenue NW
 South Building Suite 600B
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 3500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 5
Transaction ID: C789
 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) ▶ 5500.00
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 21 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700
Suite 2300

City State Zip Code
LOS ANGELES CA 90071

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 5

Transaction ID: C1152

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)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700
Suite 2300

City State Zip Code
LOS ANGELES CA 90071

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C1188

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)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 17TH ST. NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 5

Transaction ID: C791

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) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE

Mailing Address 1125 17TH ST. NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C869

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)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 Pennsylvania Ave. NW
Suite 401

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C816

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)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION

Mailing Address 2941 Fairview Park Drive
Suite 100

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C826

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) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
General Electric Company Political Action Committee

Mailing Address 1299 Pennsylvania Ave., NW
Suite 1100 West

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C827

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)
LABORERS' POLITICAL LEAGUE

Mailing Address 905 16TH ST NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001052

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 5

Transaction ID: C868

Amount of Each Receipt this Period

2000.00

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

C.

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

Mailing Address 1015 FIFTEENTH STREET NW
STE 930

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 5

Transaction ID: C821

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 24 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & M
Mailing Address 10 G STREET N E SUITE 600
City WASHINGTON State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C70002597
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 06 / 28 / 2005
Transaction ID: C817
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 TURKEY FEDERATION POLITICAL ACTION COMMIT
Mailing Address 1225 NEW YORK AVE NW STE 400
City WASHINGTON State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00076182
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 06 / 28 / 2005
Transaction ID: C823
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)
PMA GROUP POLITICAL ACTION COMMITTEE
Mailing Address 2345 Crystal Drive Suite 300
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C** C00280321
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 06 / 28 / 2005
Transaction ID: C819
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 25 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

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

Mailing Address PO Box 1510

City Raleigh State NC Zip Code 27602

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 31 / 2005
Transaction ID: C787
 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)
RJR POLITICAL ACTION COMMITTEE; R. J. REYNOLDS TOB

Mailing Address P. O. Box 718

City Winston-Salem State NC Zip Code 27102

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 06 / 28 / 2005
Transaction ID: C825
 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)
TEXTRON INC. POLITICAL ACTION COMMITTEE

Mailing Address 40 WESTMINSTER STREET

City PROVIDENCE State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 28 / 2005
Transaction ID: C814
 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 26 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial)
TREA SENIOR CITIZENS LEAGUE INC POLITICAL ACTION C

Mailing Address 909 N WASHINGTON STREET SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00327064

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C812

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)
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 901 E Street, NW Suite 600

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 5

Transaction ID: C771

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)
UNITED EGG ASSOCIATION EGGPAC

Mailing Address 1720 Windward Concourse Suite 230

City State Zip Code
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 5

Transaction ID: C850

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 27 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 West 49th Street

City State Zip Code
Hialeah FL 33012

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2005

Transaction ID: C870

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)	▶	33750.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Barrett's Printing House, Inc. <hr/> Mailing Address PO Box 305 <hr/> City Wilson State NC Zip Code 27894 <hr/> Purpose of Disbursement Printing and Reproduction <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D728 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 205.44 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Exxon Mobil <hr/> Mailing Address PO Box 4555 <hr/> City CRLSTRM State IL Zip Code 60197-4555 <hr/> Purpose of Disbursement Automobile Expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D736 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 34.02 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Exxon Mobil <hr/> Mailing Address PO Box 4555 <hr/> City CRLSTRM State IL Zip Code 60197-4555 <hr/> Purpose of Disbursement Automobile Expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D737 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5 <hr/> Amount of Each Disbursement this Period 159.10 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	398.56
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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address PO Box 4555 City CRLSTRM State IL Zip Code 60197-4555 Purpose of Disbursement Automobile Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D738 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 5 Amount of Each Disbursement this Period 104.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address PO Box 4555 City CRLSTRM State IL Zip Code 60197-4555 Purpose of Disbursement Automobile Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D739 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5 Amount of Each Disbursement this Period 226.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kieloch Consulting Mailing Address Bruce Kieloch 301 4th St NE City Washington State DC Zip Code 20002 Purpose of Disbursement Media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D756 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3330.91
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Kieloch Consulting	Transaction ID: D754 Date of Disbursement 06 / 02 / 2005
	Mailing Address Bruce Kieloch 301 4th St NE	Amount of Each Disbursement this Period 3000.00
	City Washington	State DC
	Zip Code 20002	
	Purpose of Disbursement Media	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.	Full Name (Last, First, Middle Initial) Leonard CPA, PLLC	Transaction ID: D758 Date of Disbursement 06 / 02 / 2005
	Mailing Address 4481 Louisburg Rd Suite 121	Amount of Each Disbursement this Period 2250.00
	City Raleigh	State NC
	Zip Code 27616	
	Purpose of Disbursement Accounting Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.	Full Name (Last, First, Middle Initial) Leonard CPA, PLLC	Transaction ID: D759 Date of Disbursement 06 / 02 / 2005
	Mailing Address 4481 Louisburg Rd Suite 121	Amount of Each Disbursement this Period 3450.00
	City Raleigh	State NC
	Zip Code 27616	
	Purpose of Disbursement Accounting Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	▶	8700.00
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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
Leonard CPA, PLLC

Mailing Address 4481 Louisburg Rd Suite 121

City Raleigh State NC Zip Code 27616

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: D760
Date of Disbursement

06 / 01 / 2005

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)
Leonard CPA, PLLC

Mailing Address 4481 Louisburg Rd Suite 121

City Raleigh State NC Zip Code 27616

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: D761
Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

1800.00

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

C.

Full Name (Last, First, Middle Initial)
Merchant Bankcard

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Bank Service Charges
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: D766
Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

45.00

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

SUBTOTAL of Disbursements This Page (optional)

2845.00

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)
Butterfield for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741</p> <p>Purpose of Disbursement Bank Service Charges</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D767</p> <p>Date of Disbursement 06 / 13 / 2005</p> <p>Amount of Each Disbursement this Period 45.00</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) Merchant Bankcard</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21741</p> <p>Purpose of Disbursement Bank Service Charges</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D768</p> <p>Date of Disbursement 04 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 45.00</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) Ms. Gigi A. Mitchell</p> <p>Mailing Address 5923 Sandford Rd</p> <p>City Wilson State NC Zip Code 27896-8001</p> <p>Purpose of Disbursement Accounting Services</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D742</p> <p>Date of Disbursement 05 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 300.00</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) ►

390.00

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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
Ms. Gigi A. Mitchell

Transaction ID: D743
Date of Disbursement

Mailing Address 5923 Sandford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	5

City Wilson State NC Zip Code 27896-8001

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Gigi A. Mitchell

Transaction ID: D744
Date of Disbursement

Mailing Address 5923 Sandford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	5

City Wilson State NC Zip Code 27896-8001

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Gigi A. Mitchell

Transaction ID: D745
Date of Disbursement

Mailing Address 5923 Sandford Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	5

City Wilson State NC Zip Code 27896-8001

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Accounting Services
Candidate Name

Category/
Type

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

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Dues and Subscriptions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D771</p> <p>Date of Disbursement 06 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 275.00</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) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D772</p> <p>Date of Disbursement 06 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 76.94</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) NGP Software, Inc.</p> <p>Mailing Address 5505 Connecticut Avenue NW PMB 277</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Software Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D775</p> <p>Date of Disbursement 05 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 1650.00</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) ▶

2001.94

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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
Phoenix Park Hotel

Mailing Address New Jersey Ave.

City Washington State DC Zip Code 20515

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D777

Date of Disbursement

05 / 23 / 2005

Amount of Each Disbursement this Period

957.31

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

B.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Goldsboro Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement
Postage and Delivery

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D778

Date of Disbursement

06 / 19 / 2005

Amount of Each Disbursement this Period

38.00

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

C.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address Goldsboro Street

City Wilson State NC Zip Code 27893

Purpose of Disbursement
Postage and Delivery

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D779

Date of Disbursement

06 / 19 / 2005

Amount of Each Disbursement this Period

185.00

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

SUBTOTAL of Disbursements This Page (optional)

1180.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) Ronware</p> <p>Mailing Address 1906 Crescent Drive</p> <p>City Wilson State NC Zip Code 27893</p> <p>Purpose of Disbursement Computer Repairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D780 Date of Disbursement 06 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 253.50</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) Shelly Willingham</p> <p>Mailing Address 916 Hill Street</p> <p>City Rocky Mount State NC Zip Code 27801</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D785 Date of Disbursement 04 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 1007.50</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) Shelly Willingham</p> <p>Mailing Address 916 Hill Street</p> <p>City Rocky Mount State NC Zip Code 27801</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D786 Date of Disbursement 04 / 11 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) ▶

1761.00

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)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Mailing Address 150 Fayetteville Street Mall Suite 2810</p> <p>City RALEIGH State NC Zip Code 27601</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D787 Date of Disbursement: 04 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 87.85</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) SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Mailing Address 150 Fayetteville Street Mall Suite 2810</p> <p>City RALEIGH State NC Zip Code 27601</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D788 Date of Disbursement: 06 / 12 / 2005</p> <p>Amount of Each Disbursement this Period 31.42</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) SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Mailing Address 150 Fayetteville Street Mall Suite 2810</p> <p>City RALEIGH State NC Zip Code 27601</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name SPRINT NEXTEL CORPORATION MID-ATLANTIC REGION TELE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D789 Date of Disbursement: 05 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 29.63</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) ▶

148.90

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)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2342 Forest Hills Rd</p> <p>City Wilson State NC Zip Code 27893</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D791</p> <p>Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 31.34</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) Stephanie Herseth</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D792</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) The Wright Center, Inc.</p> <p>Mailing Address 501 Raleigh Road</p> <p>City Rocky Mount State NC Zip Code 27801</p> <p>Purpose of Disbursement Tickets to Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D794</p> <p>Date of Disbursement 04 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 250.00</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) ▶

781.34

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)
Butterfield for Congress

A. Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. City Raleigh State NC Zip Code 27604 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D795 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5
	Amount of Each Disbursement this Period 104.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D1308 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
	Amount of Each Disbursement this Period 67.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577 City Baltimore State MD Zip Code 21297 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D1309 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
	Amount of Each Disbursement this Period 35.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	207.59
TOTAL This Period (last page this line number only) ▶	22645.55

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 checked="" 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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Transaction ID: D746 Date of Disbursement
	Mailing Address 2407 Bel Air Avenue SE	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>
	City Wilson State NC Zip Code 27893-9524	Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment	<input type="text" value="1000.00"/>
	Candidate Name G. K. Butterfield	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Transaction ID: D747 Date of Disbursement
	Mailing Address 2407 Bel Air Avenue SE	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2005"/>
	City Wilson State NC Zip Code 27893-9524	Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment	<input type="text" value="500.00"/>
	Candidate Name G. K. Butterfield	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Transaction ID: D748 Date of Disbursement
	Mailing Address 2407 Bel Air Avenue SE	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2005"/>
	City Wilson State NC Zip Code 27893-9524	Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment	<input type="text" value="500.00"/>
	Candidate Name G. K. Butterfield	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

**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)
Butterfield for Congress

A.	Full Name (Last, First, Middle Initial) Boswell for Congress	Transaction ID: D730 Date of Disbursement 06 / 28 / 2005
	Mailing Address PO Box 6220	Amount of Each Disbursement this Period 500.00
	City Des Moines State IA Zip Code 50309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contributions Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brian Higgins for Congress	Transaction ID: D731 Date of Disbursement 06 / 28 / 2005
	Mailing Address PO Box 28	Amount of Each Disbursement this Period 500.00
	City Buffalo State NY Zip Code 14220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contributions Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charlie Melancon for Congress	Transaction ID: D733 Date of Disbursement 06 / 28 / 2005
	Mailing Address 511 Congress Street	Amount of Each Disbursement this Period 500.00
	City Napoleonville State LA Zip Code 70390	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contributions Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)
Butterfield for Congress

A.

Full Name (Last, First, Middle Initial)
Chet Edwards for Congress

Mailing Address PO Box 23273

City Waco State TX Zip Code 76702

Purpose of Disbursement
Contributions

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D734
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Friends of Jim Marshall

Mailing Address PO Box 125

City Macon State GA Zip Code 31202

Purpose of Disbursement
Contributions

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D740
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Friends of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement
Contributions

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D741
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) John Salazar for Congress</p> <p>Mailing Address 307 N Sante Fe</p> <p>City Pueblo State CO Zip Code 81003</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D753</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) Kieloch Consulting</p> <p>Mailing Address Bruce Kieloch 301 4th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D755</p> <p>Date of Disbursement 04 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 3000.00</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) Les Miller for Congress</p> <p>Mailing Address 499 S Capitol St SW Ste 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D762</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) ▶

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)
Butterfield for Congress

<p>A. Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address 677 Soh 200 West Ste A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D763</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) Melissa Bean for Congress</p> <p>Mailing Address 203 Frances Lane</p> <p>City North Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D765</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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) Moore for Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D769</p> <p>Date of Disbursement 06 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</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)	1500.00
TOTAL This Period (last page this line number only)	8500.00

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Butterfield for Congress

Transaction ID: L2

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2407 Bel Air Avenue SE	
City Wilson State NC ZIP Code 27893-9524	

Original Amount of Loan 20500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20500.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY 06 07 2004	Date Due 09/30/2008	Interest Rate 4.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------	-------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="20500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Butterfield for Congress

Transaction ID: L3

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2407 Bel Air Avenue SE	
City Wilson State NC ZIP Code 27893-9524	

Original Amount of Loan 17500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 17500.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY YY 05 14 2004	Date Due 09/30/2008	Interest Rate 4.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------------	-------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="17500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

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

PAGE 47 / 49

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Butterfield for Congress

Transaction ID: L4

LOAN SOURCE Full Name (Last, First, Middle Initial)
Hon. G. K. Butterfield

Mailing Address 2407 Bel Air Avenue SE

City Wilson State NC ZIP Code 27893-9524

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY YY 05 11 2004	12/31/2005	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="2000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Butterfield for Congress

Transaction ID: L5

LOAN SOURCE Full Name (Last, First, Middle Initial) Hon. G. K. Butterfield	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2407 Bel Air Avenue SE	
City Wilson State NC ZIP Code 27893-9524	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	5000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>5</td></tr> </table>	M	M	0	5	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>6</td></tr> </table>	D	D	0	6	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table>	Y	Y	Y	Y	2	0	0	4	12/31/2005
M	M																		
0	5																		
D	D																		
0	6																		
Y	Y	Y	Y																
2	0	0	4																
		4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="40000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

Image# 28991877967

Form/Schedule: **F3A**
Transaction ID:

To remove duplicate contributions, correct overstatement of disbursements, report unreported contributions, and correct beginning and ending cash.
