

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
MCHENRY FOR CONGRESS

ADDRESS (number and street) PO BOX 1406
 Check if different than previously reported. (ACC)
HICKORY NC 28603

2. **FEC IDENTIFICATION NUMBER** C00393629
CITY STATE ZIP CODE STATE DISTRICT
IS THIS REPORT NEW (N) OR AMENDED (A)
NC 10

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 Catherine McHenry Rains

Signature of Treasurer Electronically Filed by Catherine McHenry Rains Date 09 22 2006

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

MCHENRY 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)).....	234786.22	518143.00
(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)).....	234786.22	518143.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	142327.07	276413.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	75.36	441.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	142251.71	275971.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	173527.65	
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).....	125500.00	

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
MCHENRY 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).....

71295.00

163128.00

(ii) Unitemized.....

8486.00

20255.00

(iii) TOTAL of contributions

79781.00

183383.00

from individuals..... ▶

0.00

20.72

(b) Political Party Committees.....

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

155005.22

334739.28

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

234786.22

518143.00

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.).....

75.36

441.66

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)..... ▶

234861.58

518584.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	142327.07	276413.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	30000.00	45000.00
(b) Of all Other Loans.....	10000.00	10000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	40000.00	55000.00
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.....	16510.00	26510.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	198837.07	357923.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	137503.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	234861.58
25. SUBTOTAL (add Line 23 and Line 24).....	372364.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	198837.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	173527.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 148
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Advanta Corp Employees Political		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 1 Righter Parkway 2nd Fl Brandywine Corporate Center		Transaction ID: 50721.C2432
City State Zip Code Wilmington DE 19803	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00279604		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AFLAC Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2005
Mailing Address 1932 Wynnton Rd		Transaction ID: 50721.C2061
City State Zip Code Columbus GA 31999-0001	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00034157		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Allianz Life Insurance Co/Firenans Fund		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2005
Mailing Address 591 Redwood Hwy Ste 4000		Transaction ID: 50721.C2278
City State Zip Code Mill Valley CA 94941-3039	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00095109		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Americas Community Bankers

Full Name (Last, First, Middle Initial)
Mailing Address 900 19th St NW Ste 400

City State Zip Code
Washington DC 20006-2110

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1057.06

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

Transaction ID: 50721.C1997

Amount of Each Receipt this Period
57.06

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

In-kind - Fax & E-mail Expense

B. Americas Community Bankers

Full Name (Last, First, Middle Initial)
Mailing Address 900 19th St NW Ste 400

City State Zip Code
Washington DC 20006-2110

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1957.06

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

Transaction ID: 50721.C1996

Amount of Each Receipt this Period
900.00

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

C. Americas Political Action Committee Inc

Full Name (Last, First, Middle Initial)
Mailing Address 11 N Carlisle St Ste 202

City State Zip Code
Greencastle PA 17225-1460

FEC ID number of contributing federal political committee. **C** C00184143

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: 50721.C2259

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1957.06
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Bankers Assn. PAC (BANKPAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2005	
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: 50721.C1507	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00004275		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 6000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. American Conservative Union PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2005	
Mailing Address 1007 Cameron St		Transaction ID: 50721.C1353	
City State Zip Code Alexandria VA 22314-2426	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C C00130658		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 1750.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. American Council of Engineering Co PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005	
Mailing Address 1015 15th Street, NW #802		Transaction ID: 50721.C2431	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00010868		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 2500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 148
	<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Financial Services Association Mailing Address 919 18th St NW City State Zip Code Washington DC 20006-5519 FEC ID number of contributing federal political committee. C C00038604 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005 Transaction ID: 50721.C2110 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	--	--

Full Name (Last, First, Middle Initial) B. American Health Care Association Politic Mailing Address 1201 L St NW City State Zip Code Washington DC 20005-4024 FEC ID number of contributing federal political committee. C C00006080 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2004 Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2005 Transaction ID: 50721.C2333 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) C. American Institute of CPAs PAC Mailing Address Harborside Financial Center 201 Plaza III City State Zip Code Jersey City NJ 07311 FEC ID number of contributing federal political committee. C C00077321 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2005 Transaction ID: 50721.C2285 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	--

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. American Insurance Association Political

Full Name (Last, First, Middle Initial)
Mailing Address 1130 Connecticut Ave NW Ste 1000

City State Zip Code
Washington DC 20036-3910

FEC ID number of contributing federal political committee. **C** C00103143

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
05 / 20 / 2005

Transaction ID: 50721.C2298

Amount of Each Receipt this Period
1000.00

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

B. American Resort Development Association

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15th St NW FI 4

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00129932

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
06 / 30 / 2005

Transaction ID: 50721.C2434

Amount of Each Receipt this Period
2000.00

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

C. American Resort Development Association

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15th St NW FI 4

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00129932

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: 50721.C2433

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Sugarbeet Growers Assn. PAC
Mailing Address 1156 15th St NW Ste 1101
City Washington State DC Zip Code 20005-1756
FEC ID number of contributing federal political committee. **C** C00167684
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
G-2004 Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 5
Transaction ID: 50721.C2279
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Anheuser-Busch Political Action Cmmttee.
Mailing Address 1 Busch PI # 202-5
City Saint Louis State MO Zip Code 63118-1849
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 / 3 0 / 2 0 0 5
Transaction ID: 50721.C2444
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Assurant Inc. Political Action Committee
Mailing Address 501 W. Michigan St.
Po Box 3050
City Milwaukee State WI Zip Code 53203
FEC ID number of contributing federal political committee. **C** C00185694
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 / 1 3 / 2 0 0 5
Transaction ID: 50721.C2283
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 11 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AT&T Corp Political Action Committee

Mailing Address 32 Avenue Of The Americas

City State Zip Code
New York NY 10013-2473

FEC ID number of contributing federal political committee. **C** C00185124

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: 50721.C2439

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bank Of America Corporation PAC

Mailing Address 600 Peachtree St NE # 1500
Po Box 40789

City State Zip Code
Atlanta GA 30308-2265

FEC ID number of contributing federal political committee. **C** C00094656

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

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

Transaction ID: 50721.C1381

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 100 Campus Dr

City State Zip Code
Florham Park NJ 07932-1020

FEC ID number of contributing federal political committee. **C** C00340075

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 / 0 6 / 2 0 0 5

Transaction ID: 50721.C2276

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bellsouth Corp. Employees Federal PAC

Mailing Address 1155 Peachtree St NE # 14D03

City State Zip Code
Atlanta GA 30309-7629

FEC ID number of contributing federal political committee. **C C00174060**

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
06 03 2005

Transaction ID: 50721.C695

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bond Market Associations PAC

Mailing Address 1399 New York Ave NW

City State Zip Code
Washington DC 20005-4725

FEC ID number of contributing federal political committee. **C C00158980**

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
06 24 2005

Transaction ID: 50721.C2397

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 634 A St NE

City State Zip Code
Washington DC 20002-8314

FEC ID number of contributing federal political committee. **C C00380154**

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
06 30 2005

Transaction ID: 50721.C2442

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bridgestone Americas Holding Inc. PAC
 Mailing Address 607 14th St NW Ste 500
 City State Zip Code
 Washington DC 20005-2023
 FEC ID number of contributing federal political committee. **C** C00371948
 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
 06 / 03 / 2005
Transaction ID: 50721.C1249
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Capital One Financial Corp. Assn. PAC
 Mailing Address 1680 Capital One Dr # 19050-1201
 City State Zip Code
 McLean VA 22102-3406
 FEC ID number of contributing federal political committee. **C** C00326595
 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
 05 / 13 / 2005
Transaction ID: 50721.C2117
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cash America International Inc PAC
 Mailing Address 1600 West 7th Street Suite 812
 City State Zip Code
 Fort Worth TX 76102
 FEC ID number of contributing federal political committee. **C** C00275529
 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
 06 / 30 / 2005
Transaction ID: 50721.C2115
 Amount of Each Receipt this Period
 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chickasaw Nation

Mailing Address 520 Arlington St

City State Zip Code
Ada OK 74820-2204

FEC ID number of contributing federal political committee. **C** C90007923

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 / 28 / 2005

Transaction ID: 50721.C2398

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address TWO LIBERTY PLACE 1601 CHESTNUT ST

City State Zip Code
Philadelphia PA 19192-0001

FEC ID number of contributing federal political committee. **C** C00085316

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
04 / 25 / 2005

Transaction ID: 50721.C2267

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Citigroup Inc. Political Action Cmmttee.

Mailing Address 1101 Pennsylvania Ave NW Ste 1000

City State Zip Code
Washington DC 20004-2524

FEC ID number of contributing federal political committee. **C** C00008474

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
06 / 03 / 2005

Transaction ID: 50721.C2334

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Committee To Elect Ed McMahan

Mailing Address 5815 Westpark Dr

City State Zip Code
Charlotte NC 28217-3554

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

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
04 / 11 / 2005

Transaction ID: 50721.C720

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
772.59

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 05 / 2005

Transaction ID: 50721.C814

Amount of Each Receipt this Period
305.29

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

In-kind - Hosting Luncheon

C. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1272.59

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 11 / 2005

Transaction ID: 50721.C812

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1805.29
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1699.24

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 7 / 2 0 0 5

Transaction ID: 50721.C813

Amount of Each Receipt this Period
426.65

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

In-kind - Create/Fax Announcement

B. Full Name (Last, First, Middle Initial)
Council Of Insurance Agents & Brokers

Mailing Address 701 Pennsylvania Ave NW Ste 750 Suite 750

City State Zip Code
Washington DC 20004-2661

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

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 / 2 0 / 2 0 0 5

Transaction ID: 50721.C2297

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Countrywide Financial Corporation PAC

Mailing Address 1717 Pennsylvania Ave NW # 700

City State Zip Code
Washington DC 20006-4614

FEC ID number of contributing federal political committee. **C** C00282731

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: 50721.C2443

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3426.65**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 5	
Mailing Address 601 Pennsylvania Avenue Nw South Building Suite 600b		Transaction ID: 50721.C1454	
City Washington State DC Zip Code 20004		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00007880		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Dairy Farmers Of America Inc DEPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 5	
Mailing Address PO Box 909700		Transaction ID: 50721.C2028	
City Kansas City State MO Zip Code 64190-9700		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00001388		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) Dealers Election Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 5	
Mailing Address 8400 Westpark Dr		Transaction ID: 50721.C433	
City McLean State VA Zip Code 22102-5116		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040998		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deere & Co. Political Action Committee

Mailing Address One John Deere Place
Deere & Company, John Deere Road

City Moline State IL Zip Code 61265

FEC ID number of contributing federal political committee. **C** C00204099

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2005

Transaction ID: 50721.C2280

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Deloitte & Touche Federal PAC

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2005

Transaction ID: 50721.C1492

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 422 South Church Street (pb04r)

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
R-2004

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: 50721.C1800

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E*trade Financial Corporation PAC

Mailing Address 10951 White Rock Rd

City Rancho Cordova State CA Zip Code 95670-6029

FEC ID number of contributing federal political committee. **C** C00356345

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2286

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address P O Box 618

City Alton State IL Zip Code 62002

FEC ID number of contributing federal political committee. **C** C00103937

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C930

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Edgar V. Starnes Campaign

Mailing Address 5852 New Farm Rd

City Granite Falls State NC Zip Code 28630

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

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

Transaction ID: 50721.C1886

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2850.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Employees Of Northrop Grumman Corp.
Mailing Address 520 S Grand Ave Ste 700
City State Zip Code
Los Angeles CA 90071-2665
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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 5
Transaction ID: 50721.C1846
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ernst & Young Political Action Committee
Mailing Address 1225 Connecticut Ave NW Ste 800
City State Zip Code
Washington DC 20036-2604
FEC ID number of contributing federal political committee. **C** C00227744
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 / 2 0 / 2 0 0 5
Transaction ID: 50721.C2296
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Farm Credit Council PAC
Mailing Address 50 F St NW Ste 900
City State Zip Code
Washington DC 20001-1530
FEC ID number of contributing federal political committee. **C** C00193631
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 / 0 3 / 2 0 0 5
Transaction ID: 50721.C2335
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Federal Express Political Action Cmmttee Full Name (Last, First, Middle Initial) Mailing Address 942 S Shady Grove Rd City State Zip Code Memphis TN 38120-4117 FEC ID number of contributing federal political committee. C C00068692 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2004 Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005 Transaction ID: 50721.C2224 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Federal National Mortgage Assn. PAC Full Name (Last, First, Middle Initial) Mailing Address 3900 Wisconsin Ave NW City State Zip Code Washington DC 20016-2806 FEC ID number of contributing federal political committee. C C00393520 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2005 Transaction ID: 50721.C2113 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Federal Victory Fund Full Name (Last, First, Middle Initial) Mailing Address 6429 Downing Ct City State Zip Code Annandale VA 22003-2101 FEC ID number of contributing federal political committee. C C00355271 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2005 Transaction ID: 50721.C2287 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Financial Services Roundtable Pac Mailing Address 1001 Pennsylvania Ave NW Ste 500 City Washington State DC Zip Code 20004-2508 FEC ID number of contributing federal political committee. C C00193177 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C2007 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	7	/	2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	7	/	2	0	0	5														
1000.00																							

B. Full Name (Last, First, Middle Initial) Food Marketing Institute PAC Mailing Address 655 15th St NW Ste 700 City Washington State DC Zip Code 20005-5701 FEC ID number of contributing federal political committee. C C00014555 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C2435 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	3	0	/	2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	3	0	/	2	0	0	5														
1000.00																							

C. Full Name (Last, First, Middle Initial) Freshman PAC Mailing Address PO Box 40706 City Washington State DC Zip Code 20016-0706 FEC ID number of contributing federal political committee. C C00383901 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C2336 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	0	5	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	0	3	/	2	0	0	5														
2500.00																							

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

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

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

FOR LINE NUMBER: PAGE 23 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political

Mailing Address 2941 Fairview Park Dr Ste 100

City Falls Church State VA Zip Code 22042-4541

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼ P-2004

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 50721.C2136

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political

Mailing Address 2941 Fairview Park Dr Ste 100

City Falls Church State VA Zip Code 22042-4541

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 ▼ 3500.00

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

Transaction ID: 50721.C2137

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political

Mailing Address 2941 Fairview Park Dr Ste 100

City Falls Church State VA Zip Code 22042-4541

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 ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2138

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political

Mailing Address 2941 Fairview Park Dr Ste 100

City Falls Church State VA Zip Code 22042-4541

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 ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2005

Transaction ID: 50721.C2139

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
General Motors Corporation PAC

Mailing Address 1660 L St NW Ste 400

City Washington State DC Zip Code 20036-5640

FEC ID number of contributing federal political committee. **C** C00076810

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
 05 / 13 / 2005

Transaction ID: 50721.C2291

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Genworth Financial Inc. PAC

Mailing Address 6620 W Broad St

City Richmond State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C** C00404194

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
 06 / 30 / 2005

Transaction ID: 50721.C2436

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 148
	<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)
MCHENRY FOR CONGRESS

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

Mailing Address 1101 Pennsylvania Ave NW

City State Zip Code
Washington DC 20004-2529

FEC ID number of contributing federal political committee. **C** C00265124

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
06 / 29 / 2005

Transaction ID: 50721.C2399

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Growth And Prosperity PAC

Mailing Address 1155 21st St NW Ste 300

City State Zip Code
Washington DC 20036-3312

FEC ID number of contributing federal political committee. **C** C00388793

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
06 / 30 / 2005

Transaction ID: 50721.C2102

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
HSBC North America PAC

Mailing Address 2700 Sanders Rd

City State Zip Code
Prospect Heights IL 60070-2701

FEC ID number of contributing federal political committee. **C** C00033423

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
05 / 27 / 2005

Transaction ID: 50721.C2319

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HSBC North America PAC

Mailing Address 2700 Sanders Rd

City State Zip Code
Prospect Heights IL 60070-2701

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼ P-2004

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 50721.C2320

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers Of America

Mailing Address 1 Thomas Cir NW Ste 400

City State Zip Code
Washington DC 20005-5807

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 50721.C1809

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Independent Insurance Agents Of America

Mailing Address 412 1st St SE Ste 300

City State Zip Code
Washington DC 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 50721.C1869

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 2700 Coast Ave

City State Zip Code
Mountain View CA 94043-1140

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

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 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2321

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Keycorp Advocates Fund

Mailing Address 127 Public Sq

City State Zip Code
Cleveland OH 44114-1308

FEC ID number of contributing federal political committee. **C** C00073155

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2290

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
KPMG Partners/Principals & Employees

Mailing Address PO Box 18254

City State Zip Code
Washington DC 20036-8254

FEC ID number of contributing federal political committee. **C** C00280222

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 / 0 8 / 2 0 0 5

Transaction ID: 50721.C1405

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) KPMG Partners/Principals & Employees Mailing Address PO Box 18254 City Washington State DC Zip Code 20036-8254 FEC ID number of contributing federal political committee. C C00280222 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C1406 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	5	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	3		2	0	0	5														
2000.00																							

B. Full Name (Last, First, Middle Initial) Liberty Mutual Insurance Company-PAC Mailing Address 175 Berkeley Steet City Boston State MA Zip Code 02117 FEC ID number of contributing federal political committee. C C00171843 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C1375 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	5	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	3		2	0	0	5														
2000.00																							

C. Full Name (Last, First, Middle Initial) Lorillard Tobacco Company Public Affairs Mailing Address 714 Green Valley Rd City Greensboro State NC Zip Code 27408-7018 FEC ID number of contributing federal political committee. C C00112888 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C1467 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	6		2	0	0	5														
1000.00																							

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Manufacturers & Trade Trust Company PAC Mailing Address One M&T Plaza 19th Floor City State Zip Code Buffalo NY 14203 FEC ID number of contributing federal political committee. C C00137273 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 5 Transaction ID: 50721.C2332 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) MBNA Corp. Federal Political Committee Mailing Address 1100 N King St City State Zip Code Wilmington DE 19884-0011 FEC ID number of contributing federal political committee. C C00252866 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5 Transaction ID: 50721.C2157 Amount of Each Receipt this Period 2000.00 Receipt <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) Mcguirewoods LLP Mailing Address One James Center 901 E. Cary Street City State Zip Code Richmond VA 23219 FEC ID number of contributing federal political committee. C C00225342 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 5 Transaction ID: 50721.C2274 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Merrill Lynch & Co. Inc. PAC

Mailing Address 1455 Pennsylvania Ave NW FI NORTH3
North Tower - 31st Floor

City Washington State DC Zip Code 20004-1008

FEC ID number of contributing federal political committee. **C** C00040550

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 50721.C2170

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Morgan Stanley Political Action Committee

Mailing Address 1585 Broadway 39th Floor

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2229

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association Of America

Mailing Address 1919 Pennsylvania Avenue Nw

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 50721.C2172

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 148
	<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)
MCHENRY FOR CONGRESS

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

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042-1260

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

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
0	6	/	3	0	/	2	0	0	5

Transaction ID: 50721.C1785

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Association Of Federal Credit U

Mailing Address 3138 N 10th St

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00040659

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	5	/	2	7	/	2	0	0	5

Transaction ID: 50721.C1475

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
National Association Of Health Underwrit

Mailing Address 2000 14th Street, Suite 450

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00283135

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	0	/	2	0	0	5

Transaction ID: 50721.C1864

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC

Mailing Address 430 N Michigan Ave

City State Zip Code
Chicago IL 60611-4011

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

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
06 / 14 / 2005

Transaction ID: 50721.C763

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assn. PAC

Mailing Address 1101 King St Ste 600

City State Zip Code
Alexandria VA 22314-2965

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
P-2004

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 22 / 2005

Transaction ID: 50721.C2266

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assn. PAC

Mailing Address 1101 King St Ste 600

City State Zip Code
Alexandria VA 22314-2965

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
G-2004

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 26 / 2005

Transaction ID: 50721.C2265

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 1101 King St Ste 600

City State Zip Code
Alexandria VA 22314-2965

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 R-2004

Election Cycle-to-Date ▼
15000.00

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

Transaction ID: 50721.C2264

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National City Corporation Pac (aka Natio

Mailing Address 1900 East 9th Street Loc# 01-2250
National City Center

City State Zip Code
Cleveland OH 44114

FEC ID number of contributing federal political committee. **C** C00141036

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2289

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
National Conservative Campaign Fund

Mailing Address One Massachusetts Avenue Nw #630

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00348359

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 / 0 3 / 2 0 0 5

Transaction ID: 50721.C2338

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **7500.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Pawnbrokers Association Inc.
Mailing Address PO Box 1040
City State Zip Code
Roanoke TX 76262-1040
FEC ID number of contributing federal political committee. **C** C00307397
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
06 / 30 / 2005
Transaction ID: 50721.C2437
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC
Mailing Address 1200 17th St NW
City State Zip Code
Washington DC 20036-3004
FEC ID number of contributing federal political committee. **C** C00003764
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
04 / 18 / 2005
Transaction ID: 50721.C1823
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Reverse Mortgage Lenders Associ
Mailing Address 1625 Massachusetts Ave Nw Ste 601
City State Zip Code
Washington DC 20036
FEC ID number of contributing federal political committee. **C** C00395350
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1187.75

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 04 / 2005
Transaction ID: 50721.C2329
Amount of Each Receipt this Period
1187.75
In-kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
In-kind - Host 05/04/05 Event

SUBTOTAL of Receipts This Page (optional) ► 3187.75
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Reverse Mortgage Lenders Associ

Mailing Address 1625 Massachusetts Ave Nw Ste 601

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00395350

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1687.75

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2328

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
National Rural Letter Carriers Associat

Mailing Address 1630 Duke Street
4th Floor

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00072025

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 4 / 2 9 / 2 0 0 5

Transaction ID: 50721.C2269

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
New Century Financial Corporation PAC

Mailing Address 18400 Von Karman Suite 1000

City Irvine State CA Zip Code 92612

FEC ID number of contributing federal political committee. **C** C00369983

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2244

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ntl Assn of Real Estate Investment Trust

Mailing Address 1875 I St NW

City Washington State DC Zip Code 20006-5409

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

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

Transaction ID: 50721.C2238

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Oxley For Congress

Mailing Address Po Box 2006

City Findlay State OH Zip Code 45839

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1028.47

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

Transaction ID: 50721.C2459

Amount of Each Receipt this Period
 1028.47

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

In-kind - Food&Beverage-1-st Tu

C. Full Name (Last, First, Middle Initial)
PCIPAC

Mailing Address 2600 S River Rd

City Des Plaines State IL Zip Code 60018-3203

FEC ID number of contributing federal political committee. **C** C00066472

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 5 / 1 3 / 2 0 0 5

Transaction ID: 50721.C1780

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5028.47
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 148
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PricewaterhouseCoopers PAC Mailing Address 1301 K St NW City Washington State DC Zip Code 20005-3317 FEC ID number of contributing federal political committee. C C00232173 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C2232 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	7	/	2	0	0	5	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	0	7	/	2	0	0	5														
2000.00																							

B. Full Name (Last, First, Middle Initial) Qwest Communications International Inc P Mailing Address 607 14th Street N.w. Suite 950 City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C C00237156 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C1816 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	7	/	2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	7	/	2	0	0	5														
1000.00																							

C. Full Name (Last, First, Middle Initial) R.J.Reynolds Political Action Committee Mailing Address PO Box 718 City Winston Salem State NC Zip Code 27102-0718 FEC ID number of contributing federal political committee. C C00042002 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50721.C908 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	3	0	/	2	0	0	5	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	3	0	/	2	0	0	5														
2000.00																							

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Real Estate Services Providers Council I
Mailing Address 2000 L Street Nwsuite 522
City State Zip Code
Washington DC 20036
FEC ID number of contributing federal political committee. **C** C00369868
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 / 1 3 / 2 0 0 5
Transaction ID: 50721.C2288
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Science Applications International Corpo
Mailing Address 10260 Campus Point Drive F2
City State Zip Code
San Diego CA 92121
FEC ID number of contributing federal political committee. **C** C00300418
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 / 0 3 / 2 0 0 5
Transaction ID: 50721.C2337
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Securities Industry Association Politica
Mailing Address 1425 K Street Nw
7th Floor
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C** C00067504
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 / 2 0 / 2 0 0 5
Transaction ID: 50721.C2301
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 39 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
St. Paul Travelers Companies Inc. PAC

Mailing Address 1 Tower Sq

City State Zip Code
Hartford CT 06183-0001

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 G-2004

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2005

Transaction ID: 50721.C2152

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Textron Inc. Political Action Committee

Mailing Address 40 Westminster St

City State Zip Code
Providence RI 02903-2525

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
 M M / D D / Y Y Y Y
 04 / 18 / 2005

Transaction ID: 50721.C1841

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1627 I St NW Ste 900

City State Zip Code
Washington DC 20006-4057

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

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: 50721.C1751

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 430 1st St SE

City State Zip Code
Washington DC 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼ P-2004

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C1766

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ubs Americas Fund For Better Government

Mailing Address 1285 Avenue Of The Americas

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00012245

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2284

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service Inc. Political Act

Mailing Address 55 Glenlake Parkway N.e.

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

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 / 2 7 / 2 0 0 5

Transaction ID: 50721.C1496

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Verizon Communication Inc Good Govt Club

Mailing Address Good Government Club
1717 Arch St. 47s

City Philadelphia State PA Zip Code 19103

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

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: 50721.C1760

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1201 3rd Ave

City Seattle State WA Zip Code 98101-3029

FEC ID number of contributing federal political committee. **C** C00129833

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 / 3 0 / 2 0 0 5

Transaction ID: 50721.C2226

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Wexler & Walker Public Policy Associates

Mailing Address 1317 F Street Nw
Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00248195

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 / 2 2 / 2 0 0 5

Transaction ID: 50721.C2371

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Weyerhaeuser Company Political Action Co
Mailing Address Ch1m31
City State Zip Code
Federal Way WA 98063
FEC ID number of contributing federal political committee. **C** C00007948
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 / 2 0 / 2 0 0 5
Transaction ID: 50721.C1480
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wine And Spirits Wholesalers Of America,
Mailing Address 805 Fifteenth St Nw Suite 430
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C** C00147173
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: 50721.C1465
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wine And Spirits Wholesalers Of America,
Mailing Address 805 Fifteenth St Nw Suite 430
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C** C00147173
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5
Transaction ID: 50721.C1464
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ► 155005.22

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 148 (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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Agner

Mailing Address 6140 S 800 E

City State Zip Code
Zionsville IN 46077-9496

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

Name of Employer Homeowners Mortgage Services.
Occupation Mortgage Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	5

Transaction ID: 50721.C2322

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Matteo Agosta

Mailing Address 8127 Peninsula Ln

City State Zip Code
Sherrills Ford NC 28673-9249

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

Name of Employer Steele Rubber Products
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	5

Transaction ID: 50721.C2375

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
James Allan

Mailing Address PO Box 1495

City State Zip Code
Gastonia NC 28053-1495

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

Name of Employer Gaston Radiology
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	5

Transaction ID: 50721.C13

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

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

Mailing Address 3740 Burton Ln

City State Zip Code
Denver NC 28037-6414

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	0	5

Transaction ID: 50721.C2384

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Cliff Andrews

Mailing Address 25387 Vacation PI

City State Zip Code
Aldie VA 20105-3401

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

Name of Employer Capcity Advocates, Llc Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	5

Transaction ID: 50721.C2120

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Sandra Andrews

Mailing Address 25387 Vacation PI

City State Zip Code
Aldie VA 20105-3401

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	5

Transaction ID: 50721.C2460

Amount of Each Receipt this Period
750.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cass Ballenger

Mailing Address 487 26th Ave Ne
Unit A

City State Zip Code
Hickory NC 28601

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

Name of Employer Plastic Packaging Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

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

Transaction ID: 50721.C867

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Edwin Bartine

Mailing Address 411 Major Run

City State Zip Code
Cramerton NC 28032-1629

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

Name of Employer Gaston Anesthesiologists Assoc Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2005

Transaction ID: 50721.C581

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Joe Bennett

Mailing Address 486 Vance St

City State Zip Code
Forest City NC 28043-2958

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

Name of Employer United Southern Industries Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2005

Transaction ID: 50721.C2354

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lee Bettis

Mailing Address 102 Lakeside Dr

City State Zip Code
Cordele GA 31015

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

Name of Employer Occupation
Albany Federal Credit Union CEO

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

500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: 50721.C2418

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Bonnie Bittle

Mailing Address 409 Fairway Dr

City State Zip Code
Lake Lure NC 28746-9857

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) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 50721.C2292

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mark Browning

Mailing Address 399 Cobbs Hill Dr

City State Zip Code
Rochester NY 14610

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

Name of Employer Occupation
Info Requested Info Requested

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

500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2327

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
M Hunt Broyhill

Mailing Address 1870 9th Street Ct NW

City State Zip Code
Hickory NC 28601-1282

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

Name of Employer
Broyhill Asset Management, LLC
Occupation
President

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
04 / 19 / 2005

Transaction ID: 50721.C2365

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 118 Maple Dr NW

City State Zip Code
Lenoir NC 28645-5032

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

Name of Employer
None
Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

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

Transaction ID: 51201.C3114

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James Butera

Mailing Address 1301 Pennsylvania Ave NW Ste 500

City State Zip Code
Washington DC 20004-1701

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

Name of Employer
Butera & Andrews
Occupation
Attorney

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
06 / 30 / 2005

Transaction ID: 50721.C2414

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Debra Carpenter

Mailing Address 1739 Robinwood Rd

City State Zip Code
Gastonia NC 28054

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

Name of Employer Prudential Carolinas Occupation Realtor

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C75

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Joe Carpenter

Mailing Address 414 Pinnacle Rd

City State Zip Code
Kings Mountain NC 28086

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

Name of Employer Gaston County Occupation County Commissioner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 5

Transaction ID: 50721.C2001

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James Carr

Mailing Address 211 W Park Dr

City State Zip Code
Morganton NC 28655-4217

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

Name of Employer None Occupation Retired

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 4 / 1 8 / 2 0 0 5

Transaction ID: 50721.C2361

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J Carstarphen

Mailing Address 201 Mockinbird Lane

City State Zip Code
Mcadventville NC 28101

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

Name of Employer Occupation
Pharr Yarns CEO

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C1226

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
David Caulder

Mailing Address 310 Deer Track Ln

City State Zip Code
Rutherfordton NC 28139-7862

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

Name of Employer Occupation
Caulder Land Development LLC Owner

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 / 2 0 / 2 0 0 5

Transaction ID: 50721.C2300

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 188 Northshore Dr

City State Zip Code
Cherryville NC 28021-8314

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

Name of Employer Occupation
Chins Chinese Restaurant Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 5

Transaction ID: 50721.C1437

Amount of Each Receipt this Period
1050.00

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

In-kind - Food for Event

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Douglas Clark

Mailing Address 204 White Pine Rd

City State Zip Code
Newland NC 28657

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

Name of Employer Occupation
Self Employed Self Employed

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 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2303

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Steve Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Clark & Associates President

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 / 3 0 / 2 0 0 5

Transaction ID: 50721.C2440

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John Collins

Mailing Address 5961 Searl Ter

City State Zip Code
Bethesda MD 20816-2022

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

Name of Employer Occupation
Steptoe & Johnson, Nash, Pc Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 5

Transaction ID: 50721.C80

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Josephine Cooper

Mailing Address 2935 38th St Nw

City Washington State DC Zip Code 20016

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

Name of Employer None Occupation Retired

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C2372

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Lucy Corwin

Mailing Address 618 6th Avenue PI NW

City Hickory State NC Zip Code 28601-3575

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

Name of Employer None Occupation Homemaker

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 5 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2295

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
James Cowan

Mailing Address PO Box 551

City Spindale State NC Zip Code 28160-0551

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

Name of Employer Stonecutters Mill Corp Occupation Textiles

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 / 0 7 / 2 0 0 5

Transaction ID: 50721.C2281

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Craig

Mailing Address 6434 Carmon Rd

City State Zip Code
Gibsonville NC 27249-8862

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

Name of Employer R.h. Barringer Dist. Co., Inc
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2005

Transaction ID: 50721.C2393

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ann Crummie

Mailing Address 211 Maple St

City State Zip Code
Rutherfordton NC 28139

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

Name of Employer The Raintree Clinic
Occupation Psychologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: 50721.C2343

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Scott Dacey

Mailing Address 139 Trent Shores Dr

City State Zip Code
Trent Woods NC 28562

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

Name of Employer Pace-capstone
Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2005

Transaction ID: 50721.C2277

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 148
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Lloyd Daniel</p> <p>Mailing Address 1240 Lantern Ct</p> <p>City State Zip Code Sacramento CA 95864-5341</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation California Reverse Mortgage Executive</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 05 27 2005</p> <p>Transaction ID: 50721.C2323</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <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) W W Dickson</p> <p>Mailing Address 1328 Covenant Dr</p> <p>City State Zip Code Gastonia NC 28054-3826</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 04 22 2005</p> <p>Transaction ID: 50721.C91</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <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) Frances Digh</p> <p>Mailing Address 3386 Governors Island Dr</p> <p>City State Zip Code Denver NC 28037-8441</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Info Requested Info Requested</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 05 20 2005</p> <p>Transaction ID: 50721.C2452</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <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)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Coleman Efird

Mailing Address 2525 Pinewood Rd

City State Zip Code
Gastonia NC 28054-7251

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

Name of Employer None Occupation Homemaker

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 5 / 2 0 0 5

Transaction ID: 50721.C2461

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
H. Timothy Efird

Mailing Address 2525 Pinewood Rd

City State Zip Code
Gastonia NC 28054-7251

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

Name of Employer Standard Distributors Occupation Sales

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 5 / 2 0 0 5

Transaction ID: 50721.C99

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
H. Timothy Efird

Mailing Address 2525 Pinewood Rd

City State Zip Code
Gastonia NC 28054-7251

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

Name of Employer Standard Distributors Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

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

Transaction ID: 50721.C98

Amount of Each Receipt this Period
150.00

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

In-kind - Beverages for Gaston

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tom Efirid

Mailing Address 2931 Grampian Dr

City State Zip Code
Gastonia NC 28054-6462

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

Name of Employer Standard Distributors Occupation Beverage Wholesaler

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 / 2 2 / 2 0 0 5

Transaction ID: 50721.C303

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 5913 Natoma Rd

City State Zip Code
Clover SC 29710-9111

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

Name of Employer Choice USA Beverage, Inc. Occupation Vice President

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 8 / 2 0 0 5

Transaction ID: 50721.C106

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mark Fleming

Mailing Address 1205 Ventura Springs Ct

City State Zip Code
Wake Forest NC 27587-4929

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

Name of Employer Wake Forest Chamber Of Commerc Occupation Executive Director

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 3 / 2 0 0 5

Transaction ID: 50721.C111

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roger France

Mailing Address 499 S Capitol St SW Ste 600

City Washington State DC Zip Code 20003-4037

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

Name of Employer The Livingston Group, Llc Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼ G-2004

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 50721.C2339

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Paul Franklin

Mailing Address 648 Harbor Creek Dr

City Charleston State SC Zip Code 29412

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

Name of Employer Info Requested Occupation Info Requested

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 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2331

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Freedman

Mailing Address 1700 Wisconsin Ave Nw

City Washington State DC Zip Code 20007

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

Name of Employer Silver, Freedman, Taff, Llc Occupation Attorney

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 / 3 0 / 2 0 0 5

Transaction ID: 50721.C2419

Amount of Each Receipt this Period
 500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vickie Fuller

Mailing Address Po Box 785

City State Zip Code
Linville NC 28646

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2302

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Coke Gunter

Mailing Address 1891 9th Street Dr NW

City State Zip Code
Hickory NC 28601-1215

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2005

Transaction ID: 50721.C2364

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3631 Brentwood Dr

City State Zip Code
Gastonia NC 28056-6667

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

Name of Employer Hancock Automotive Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2005

Transaction ID: 50721.C418

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kenneth Hankinson

Mailing Address 204 J Morgan St

City State Zip Code
Forest City NC 28043-3262

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

Name of Employer Occupation
Kch Services, Inc CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 50721.C2293

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Larry Hart

Mailing Address 8 E St SE

City State Zip Code
Washington DC 20003-2611

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2005

Transaction ID: 50721.C1692

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
George Henry

Mailing Address 949 Cloister Dr

City State Zip Code
Gastonia NC 28056-6629

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

Name of Employer Occupation
Henry Fibers, Inc Textiles

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2005

Transaction ID: 50721.C345

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 59 / 148
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Larry Herron

Mailing Address 2311 Maplewood Dr

City State Zip Code
Gastonia NC 28052

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

Name of Employer Info Requested Occupation Info Requested

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
06 / 20 / 2005

Transaction ID: 50721.C2389

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Leslie Higgins

Mailing Address 7292 Drury Ln

City State Zip Code
Denver NC 28037-8520

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

Name of Employer Gale Smith Co., Inc. Occupation Asst. Controller

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
06 / 13 / 2005

Transaction ID: 50721.C786

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Richard Higgins

Mailing Address 262 Harbor Town Dr

City State Zip Code
Taylorsville NC 28681-7644

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

Name of Employer H K Research Corp Occupation President

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
04 / 04 / 2005

Transaction ID: 50721.C2445

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Susan Hirschmann

Mailing Address 4052 Seminary Rd

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Williams & Jensen Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2005

Transaction ID: 50721.C2394

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Peter Holran

Mailing Address 203 W Greenway Blvd

City State Zip Code
Falls Church VA 22046

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

Name of Employer Occupation
The Wexler Group Senior Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2005

Transaction ID: 50721.C2273

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4308 Brandywine St Nw

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Russ Reid Company Senior Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2005

Transaction ID: 50721.C2340

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ken Hovis

Mailing Address PO Box 942

City State Zip Code
Lincolnton NC 28093-0942

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

Name of Employer Points Realty Occupation Real Estate Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2005

Transaction ID: 50721.C2390

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 17220 Macduff Ave

City State Zip Code
Olney MD 20832

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

Name of Employer Wexler & Walker Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2005

Transaction ID: 50721.C2272

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Stephen Irwin

Mailing Address 1541 8th St

City State Zip Code
Alameda CA 94501

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

Name of Employer Financial Freedom Funding Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2325

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 148
	<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fred Jackson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 5	
Mailing Address 3671 Sherwood Cir		Transaction ID: 50721.C667	
City State Zip Code Gastonia NC 28056-6637	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation American & Efird, Inc Textiles	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter Jeffries		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 6304 Kellogg Dr		Transaction ID: 50721.C2441	
City State Zip Code Mc Lean VA 22101-3125	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Hill & Knowlton Public Policy	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Phillip Jiamachello		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 5	
Mailing Address 221 Simpson Park Rd		Transaction ID: 50721.C722	
City State Zip Code Shelby NC 28150-4299	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Dentist	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barton Johnson

Mailing Address 30 Rose Trellis

City Irvine State CA Zip Code 92603

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

Name of Employer Indy Mac Bank Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2326

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Allan Jones

Mailing Address PO Box 1015

City Cleveland State TN Zip Code 37364-1015

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

Name of Employer Jones Management Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: 50721.C2438

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dean Jones

Mailing Address 1040 F St

City San Diego State CA Zip Code 92101-6518

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2330

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Helene Keyzer

Mailing Address 204 Merewood Rd

City Belmont State NC Zip Code 28012-3741

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

Name of Employer None Occupation Homemaker

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 / 2 2 / 2 0 0 5

Transaction ID: 50721.C124

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Kathryn Kincaid

Mailing Address 2703 Lakeview Dr

City Lenoir State NC Zip Code 28645-9738

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

Name of Employer None Occupation Retired

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 / 1 3 / 2 0 0 5

Transaction ID: 51201.C3115

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
William Kopp

Mailing Address 935 4th Street Dr NE

City Hickory State NC Zip Code 28601-3950

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

Name of Employer Self Employed Occupation Dentist

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 5 / 2 0 0 5

Transaction ID: 50721.C2090

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frederic Levy

Mailing Address 3628 Augusta Ct

City State Zip Code
Gastonia NC 28056-6648

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

Name of Employer Occupation
Carolina Ear, Nose & Throat Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2005

Transaction ID: 50721.C365

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Patric Link

Mailing Address 6118 Franklin Park Rd

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
The Wexler Group Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2005

Transaction ID: 50721.C2374

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Craig Lowry

Mailing Address 210 S Willow St

City State Zip Code
Gastonia NC 28054-7116

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

Name of Employer Occupation
Lowry Dentistry Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2005

Transaction ID: 50721.C298

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 148 (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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Joseph Maimone Mailing Address 1851 Clark Rd City State Zip Code Rutherfordton NC 28139-8370 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 5 Transaction ID: 50721.C1018 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Thomas Jefferson Classical Headmaster Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00 Receipt <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) James Martin Mailing Address 458 Beaten Path Rd City State Zip Code Mooresville NC 28117-8981 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5 Transaction ID: 50721.C2255 Amount of Each Receipt this Period 1000.00
Name of Employer Occupation Carolina Healthcare Systems Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00 Receipt <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) B Frank Mathews Mailing Address 213 W 11th Ave City State Zip Code Gastonia NC 28052-7568 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 5 Transaction ID: 50721.C2366 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Matthews Management Inc. Investment Management Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00 Receipt <input type="checkbox"/> 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harlan Mcculloch

Mailing Address 18519 Peninsula Club Dr

City State Zip Code
Cornelius NC 28031-5111

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

Name of Employer Self Employed
Occupation Anesthesiologist

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C2270

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth Mccurry

Mailing Address 735 Wise Rd

City State Zip Code
Lincolnton NC 28092-0753

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

Name of Employer Self Employed
Occupation Developer

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C2381

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Louis Mckinney

Mailing Address 124 Sheepnose Dr

City State Zip Code
Lake Lure NC 28746-8767

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

Name of Employer None
Occupation Retired

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 / 1 3 / 2 0 0 5

Transaction ID: 50721.C454

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 148
	<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)
MCHENRY FOR CONGRESS

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

Mailing Address 3320 Su San Farms Rd

City State Zip Code
Gastonia NC 28056-1659

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

Name of Employer Self Employed Occupation Certified Financial Planner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 50721.C2370

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Lindsay Meakin

Mailing Address 2325 Armstrong Cir

City State Zip Code
Gastonia NC 28054-7214

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 50721.C676

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 220 Lions Gate Dr

City State Zip Code
Cary NC 27511

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 50721.C2423

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Myers

Mailing Address 147 Magnolia Dr

City State Zip Code
Rutherfordton NC 28139-6408

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

Name of Employer
Self Employed

Occupation
Real Estate

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 / 0 7 / 2 0 0 5

Transaction ID: 50721.C2282

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 10350 Caminito Cuervo, #116

City State Zip Code
San Diego CA 92108

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

Name of Employer
Info Requested

Occupation
Info Requested

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 5 / 2 7 / 2 0 0 5

Transaction ID: 50721.C2324

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Joel Oswald

Mailing Address Po Box 354

City State Zip Code
Occoquan VA 22125

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

Name of Employer
Williams & Jensen

Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼
P-2004

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50721.C2424

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 148
	<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)
MCHENRY FOR CONGRESS

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

Mailing Address 581 Oscar Justice Rd

City Rutherfordton State NC Zip Code 28139-8114

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

Name of Employer Parton Lumber Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
05 / 27 / 2005

Transaction ID: 50721.C2309

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2250 Hwy 221 N

City Rutherfordton State NC Zip Code 28139-9512

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

Name of Employer Gilkey Lumber Company Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
06 / 14 / 2005

Transaction ID: 50721.C2382

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Alex Patton

Mailing Address 2740 Gold Rush Dr

City Lincolnton State NC Zip Code 28092-7867

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
06 / 14 / 2005

Transaction ID: 50721.C2383

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Pekman

Mailing Address 121 Simmons Ridge Dr

City State Zip Code
Taylorsville NC 28681-3987

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

Name of Employer Self Employed Occupation
Physician

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

250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2005

Transaction ID: 50721.C2360

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Suzanne Pittenger

Mailing Address 7730 Baltusrol Ln

City State Zip Code
Charlotte NC 28210-4930

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

Name of Employer Bahakel Communications Occupation
Marketing

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

1000.00

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

Transaction ID: 50721.C2395

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Conrad Pogorzelski

Mailing Address 1116 E Franklin Blvd

City State Zip Code
Gastonia NC 28054-4244

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

Name of Employer Self Employed Occupation
Property Investor

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

250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2005

Transaction ID: 50721.C149

Amount of Each Receipt this Period
250.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 148
	<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)
MCHENRY FOR CONGRESS

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

Mailing Address 402 Glen Arbor St

City Belmont State NC Zip Code 28012-3759

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

Name of Employer CVS/pharmacy Occupation Pharmacist

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C401

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Edward Rahal

Mailing Address 4101 Cathedral Ave Nw No. 707

City Washington State DC Zip Code 20016

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

Name of Employer American Continental Group Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼ G-2004

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 50721.C2425

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Tom Rankin

Mailing Address 811 Ashebrook Park Rd

City Dallas State NC Zip Code 28034-8756

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

Name of Employer Asplundh Occupation Executive

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 / 2 5 / 2 0 0 5

Transaction ID: 50721.C2450

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Linda Roberts

Mailing Address 1367 Nc 108 Hwy

City Rutherfordton State NC Zip Code 28139-7325

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

Name of Employer None Occupation Homemaker

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
 05 / 07 / 2005

Transaction ID: 50721.C1245

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Sally Robinson

Mailing Address 2633 Sheffield Dr

City Gastonia State NC Zip Code 28054-7266

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

Name of Employer None Occupation Homemaker

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
 04 / 15 / 2005

Transaction ID: 50721.C557

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Ben Rudisill

Mailing Address 1006 Dornoch Rd

City Gastonia State NC Zip Code 28054-6435

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

Name of Employer Rudisill Enterprises, Inc. Occupation Owner

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
 04 / 18 / 2005

Transaction ID: 50721.C846

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joseph Seegers

Mailing Address PO Box 490

City State Zip Code
Newland NC 28657-0490

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 50721.C2294

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Sellers

Mailing Address PO Box 2858

City State Zip Code
Hickory NC 28603-2858

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2005

Transaction ID: 50721.C2385

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Wayne Shovelin

Mailing Address 3505 Country Club Dr

City State Zip Code
Gastonia NC 28056-6664

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

Name of Employer Gaston Memorial Hospital Occupation Management

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2005

Transaction ID: 50721.C164

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
A. Alex Shuford

Mailing Address 1627 Cauble Dairy Rd

City State Zip Code
Hickory NC 28602-7149

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

Name of Employer Occupation
C V Industries Executive

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
04 / 10 / 2005

Transaction ID: 50721.C2258

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Valerie Shuler

Mailing Address 1013 Cheviot Ln

City State Zip Code
Gastonia NC 28054-6466

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

Name of Employer Occupation
None Homemaker

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
06 / 13 / 2005

Transaction ID: 50721.C670

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ann Sloand

Mailing Address 1200 Audubon Dr

City State Zip Code
Gastonia NC 28054-6424

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

Name of Employer Occupation
None Homemaker

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
04 / 21 / 2005

Transaction ID: 50721.C2369

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ann Sloand

Mailing Address 1200 Audubon Dr

City State Zip Code
Gastonia NC 28054-6424

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

Name of Employer Occupation
None Homemaker

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

2000.00

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

Transaction ID: 50721.C2368

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Richard Stapleton

Mailing Address 670 Cranberry St

City State Zip Code
Newland NC 28657-8801

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

Name of Employer Occupation
Institute Food House, Inc Executive

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

500.00

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

Transaction ID: 50721.C2451

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Kevin Strickland

Mailing Address PO Box 220

City State Zip Code
Burgaw NC 28425-0220

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

Name of Employer Occupation
Self Employed Attorney

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

500.00

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

Transaction ID: 50721.C2355

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 77 / 148
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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
G. William Sudyk

Mailing Address 3412 Country Club Dr

City State Zip Code
Gastonia NC 28056-6680

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

Name of Employer Occupation
Alliance Bank & Trust President

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C179

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3412 Country Club Dr

City State Zip Code
Gastonia NC 28056-6680

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

Name of Employer Occupation
Alliance Bank & Trust President

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

845.00

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

Transaction ID: 50721.C180

Amount of Each Receipt this Period
345.00

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

In-kind - Food & Beverage-Gast

C. Full Name (Last, First, Middle Initial)
Beverly Sullivan

Mailing Address 1050 Obarr Dr

City State Zip Code
Gastonia NC 28054

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

Name of Employer Occupation
None Homemaker

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 4 / 2 2 / 2 0 0 5

Transaction ID: 50721.C2268

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1345.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan Theriault

Mailing Address 85 Longwoods Rd

City State Zip Code
Cumberland Center ME 04021-3422

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

Name of Employer Occupation
CU Financial Services Executive

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
06 / 30 / 2005

Transaction ID: 50721.C2426

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Rosalind Thomason

Mailing Address 1019 Dornoch Rd

City State Zip Code
Gastonia NC 28054-6449

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

Name of Employer Occupation
None Homemaker

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
04 / 18 / 2005

Transaction ID: 50721.C820

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Kenneth Tucker

Mailing Address PO Box 1169

City State Zip Code
Denver NC 28037-1169

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

Name of Employer Occupation
Denver Construction President

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
06 / 13 / 2005

Transaction ID: 50721.C2386

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frank Vlossak

Mailing Address 4001 N 9th St
Apt 1809

City Arlington State VA Zip Code 22201

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

Name of Employer Williams & Jensen Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2005

Transaction ID: 50721.C2154

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Phillip Walker

Mailing Address 3967 2nd Street Dr NW

City Hickory State NC Zip Code 28601-8092

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

Name of Employer BB&T Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2005

Transaction ID: 50721.C2026

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Walker

Mailing Address 6065 Parkridge Dr

City E Petersburg State PA Zip Code 17520

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

Name of Employer The Wexler Group Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2005

Transaction ID: 50721.C2373

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 148
	<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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jason Winfield

Mailing Address 1812 5th St NW

City State Zip Code
Hickory NC 28601-5212

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

Name of Employer Smith Nephew Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2005

Transaction ID: 50721.C2312

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 812 Scotty Ct

City State Zip Code
Cramerton NC 28032-1656

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

Name of Employer Smith-nephew, Inc Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2005

Transaction ID: 50721.C192

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jack Wiseman

Mailing Address PO Box 517

City State Zip Code
Newland NC 28657-0517

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

Name of Employer Self Employed Occupation Nurseryman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2005

Transaction ID: 50721.C2387

Amount of Each Receipt this Period
250.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 148
	(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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Benny Yount

Mailing Address 1712 8th Street Dr SE

City State Zip Code
Hickory NC 28602-9656

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

Name of Employer
Paramount Motor Sales

Occupation
President

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 4 / 0 8 / 2 0 0 5

Transaction ID: 50721.C2254

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Anthony Zagotta

Mailing Address 1010 22nd St NW

City State Zip Code
Washington DC 20037-1893

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

Name of Employer
Integrated Legislative St-
rateg

Occupation
President

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 4 / 2 0 0 5

Transaction ID: 50721.C2396

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	71295.00

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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. A.W. Office Furniture		Transaction ID: 50727.E693 Date of Disbursement 04 / 20 / 2005	
Mailing Address 948 9th St Dr Ne		Amount of Each Disbursement this Period 155.15	
City Hickory State NC Zip Code 28601-	Purpose of Disbursement OFFICE FURNITURE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE FURNITURE	

Full Name (Last, First, Middle Initial) B. A.W. Office Furniture		Transaction ID: 50727.E694 Date of Disbursement 05 / 25 / 2005	
Mailing Address 948 9th St Dr Ne		Amount of Each Disbursement this Period 358.45	
City Hickory State NC Zip Code 28601-	Purpose of Disbursement OFFICE FURNITURE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE FURNITURE	

Full Name (Last, First, Middle Initial) C. Advantage Printing		Transaction ID: 50727.E684 Date of Disbursement 04 / 20 / 2005	
Mailing Address 2020 1st Ave Sw		Amount of Each Disbursement this Period 646.28	
City Hickory State NC Zip Code 28602-	Purpose of Disbursement PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING	

SUBTOTAL of Disbursements This Page (optional) ▶	1159.88
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Advantage Printing		Transaction ID: 50727.E685 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 2020 1st Ave Sw		Amount of Each Disbursement this Period 346.68
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Advantage Printing		Transaction ID: 50727.E686 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 2020 1st Ave Sw		Amount of Each Disbursement this Period 161.57
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Advantage Printing		Transaction ID: 50727.E687 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 2020 1st Ave Sw		Amount of Each Disbursement this Period 1525.82
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2034.07
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Advantage, Inc		Transaction ID: 50727.E140 Date of Disbursement 04 / 20 / 2005
Mailing Address 1611 N. Kent Street Suite 905		Amount of Each Disbursement this Period 50.00
City Arlington	State VA	
Zip Code 22209-	Purpose of Disbursement FUNDRAISING CALLS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CALLS
State: District:		

Full Name (Last, First, Middle Initial) B. Advantage, Inc		Transaction ID: 50727.E141 Date of Disbursement 05 / 10 / 2005
Mailing Address 1611 N. Kent Street Suite 905		Amount of Each Disbursement this Period 50.00
City Arlington	State VA	
Zip Code 22209-	Purpose of Disbursement FUNDRAISING CALLS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CALLS
State: District:		

Full Name (Last, First, Middle Initial) C. Advantage, Inc		Transaction ID: 50727.E142 Date of Disbursement 06 / 10 / 2005
Mailing Address 1611 N. Kent Street Suite 905		Amount of Each Disbursement this Period 50.00
City Arlington	State VA	
Zip Code 22209-	Purpose of Disbursement FUNDRAISING CALLS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CALLS
State: District:		

SUBTOTAL of Disbursements This Page (optional)	150.00
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Americas Community Bankers		Transaction ID: 50721.C1997IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 5
Mailing Address 900 19th St NW Ste 400		Amount of Each Disbursement this Period 57.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-2110		
Purpose of Disbursement IN-KIND - FAX & E-MAIL EXPENSE		IN KIND: IN-KIND - FAX & E-MAIL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dustin Anderson		Transaction ID: 50727.E745 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 1051 Indian Mountain Rd		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jellico State TN Zip Code 37762-		
Purpose of Disbursement VOLUNTEER STIPEND		VOLUNTEER STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dustin Anderson		Transaction ID: 50727.E746 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 1051 Indian Mountain Rd		Amount of Each Disbursement this Period 50.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jellico State TN Zip Code 37762-		
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		TRAVEL EXPENSE REIMBURSEM- ENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	357.07
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dustin Anderson		Transaction ID: 50727.E744 Date of Disbursement 06 / 14 / 2005
Mailing Address 1051 Indian Mountain Rd		Amount of Each Disbursement this Period 10.02
City Jellico State TN Zip Code 37762-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dustin Anderson		Transaction ID: 50727.E747 Date of Disbursement 06 / 28 / 2005
Mailing Address 1051 Indian Mountain Rd		Amount of Each Disbursement this Period 150.00
City Jellico State TN Zip Code 37762-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc		Transaction ID: 50727.E572 Date of Disbursement 04 / 01 / 2005
Mailing Address 205 Pennsylvania Ave Se		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SUPPORT FEE	Candidate Name	COMPUTER SUPPORT FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1660.02
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bellsouth		Transaction ID: 50727.E271 Date of Disbursement 05 / 10 / 2005
Mailing Address Po Box 1857		Amount of Each Disbursement this Period 63.58
City Alpharetta	State GA Zip Code 30023-	
Purpose of Disbursement TELEPHONE EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. Robert Brewer		Transaction ID: 50727.E787 Date of Disbursement 06 / 01 / 2005
Mailing Address 1103 Hammel Rd		Amount of Each Disbursement this Period 250.00
City Greensboro	State NC Zip Code 27408-	
Purpose of Disbursement VOLUNTEER STIPEND		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOLUNTEER STIPEND
State: District:		

Full Name (Last, First, Middle Initial) C. Robert Brewer		Transaction ID: 50727.E786 Date of Disbursement 06 / 01 / 2005
Mailing Address 1103 Hammel Rd		Amount of Each Disbursement this Period 35.03
City Greensboro	State NC Zip Code 27408-	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE REIMBURSEM- ENT
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	348.61
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Justin Byrd		Transaction ID: 50727.E757 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 209 E 8th St		Amount of Each Disbursement this Period 35.33
City Greenville State NC Zip Code 27858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		TRAVEL EXPENSE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Justin Byrd		Transaction ID: 50727.E758 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 209 E 8th St		Amount of Each Disbursement this Period 250.00
City Greenville State NC Zip Code 27858-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND		VOLUNTEER STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Capitol Hill Club		Transaction ID: 50727.E727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 300 First St Se		Amount of Each Disbursement this Period 350.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL DUES		ANNUAL DUES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	635.33
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 50727.E728 Date of Disbursement 05 / 25 / 2005
Mailing Address 300 First St Se		Amount of Each Disbursement this Period 103.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD AND BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) B. Captive Aire		Transaction ID: 50727.E730 Date of Disbursement 05 / 03 / 2005
Mailing Address 4641 Paragon Park Dr		Amount of Each Disbursement this Period 394.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Raleigh State NC Zip Code 27616-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. Catholic Conference Center		Transaction ID: 50727.E442 Date of Disbursement 04 / 20 / 2005
Mailing Address 1551 Trinity Lane		Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28602-	Purpose of Disbursement FACILITY CHARGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FACILITY CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶	817.39
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Catholic Conference Center		Transaction ID: 50727.E443 Date of Disbursement 06 / 10 / 2005
Mailing Address 1551 Trinity Lane		Amount of Each Disbursement this Period 1710.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28602-	Purpose of Disbursement FACILITY CHARGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FACILITY CHARGE

Full Name (Last, First, Middle Initial) B. Platinum Business Credit Card		Transaction ID: 50727.E800 Date of Disbursement 06 / 07 / 2005
Mailing Address Po Box 15650		Amount of Each Disbursement this Period 3529.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: 50727.E803 Date of Disbursement 06 / 07 / 2005
Mailing Address Po Box 20706		Amount of Each Disbursement this Period 273.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	5239.27
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dia Supply Corp		Transaction ID: 50727.E802 Date of Disbursement 06 / 07 / 2005
Mailing Address 246 22nd St Unit 3a		Amount of Each Disbursement this Period 1419.70
City L.i.c. State Zip Code NY 11101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	[MEMO ITEM] MEMO: OFFICE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lowes Food		Transaction ID: 50727.E806 Date of Disbursement 06 / 07 / 2005
Mailing Address 9441 Nc Hwy 227		Amount of Each Disbursement this Period 469.19
City Hickory State Zip Code NC 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE	Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NCGOP		Transaction ID: 50727.E805 Date of Disbursement 06 / 07 / 2005
Mailing Address 1506 Hillborough St		Amount of Each Disbursement this Period 647.00
City Raleigh State Zip Code NC 27605-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2005 CONVENTION REGISTRATION	Candidate Name	[MEMO ITEM] MEMO: 2005 CONVENTION REG-ISTRATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 50727.E112 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 302.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28602-2955	[MEMO ITEM] MEMO: POSTAGE	
Purpose of Disbursement POSTAGE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Michael Cheng		Transaction ID: 50721.C1437IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 5
Mailing Address 188 Northshore Dr		Amount of Each Disbursement this Period 1050.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cherryville State NC Zip Code 28021-8314	IN KIND: IN-KIND - FOOD FOR EVENT	
Purpose of Disbursement IN-KIND - FOOD FOR EVENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Justin Coates		Transaction ID: 50727.E759 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 2202 Sharidan Rd		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Westminster State MD Zip Code 21157-	VOLUNTEER STIPEND	
Purpose of Disbursement VOLUNTEER STIPEND Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
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)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Justin Coates		Transaction ID: 50727.E761 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 2202 Sharidan Rd		Amount of Each Disbursement this Period 138.50
City Westminster State MD Zip Code 21157-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT Candidate Name		TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Justin Coates		Transaction ID: 50727.E760 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 2202 Sharidan Rd		Amount of Each Disbursement this Period 250.00
City Westminster State MD Zip Code 21157-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND Candidate Name		VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Conservative Victory Fund		Transaction ID: 50721.C814IK Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 104 N Carolina Ave SE		Amount of Each Disbursement this Period 305.29
City Washington State DC Zip Code 20003-1841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND - HOSTING LUNCHEON Candidate Name		IN KIND: IN-KIND - HOSTING LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	693.79
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Conservative Victory Fund		Transaction ID: 50721.C813IK Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address 104 N Carolina Ave SE		Amount of Each Disbursement this Period 426.65
City Washington State DC Zip Code 20003-1841	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND - CREATE/FAX ANNOUNCEM Candidate Name		IN KIND: IN-KIND - CREATE-/FAX ANNOUNCEM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CTS Holdings, LLC		Transaction ID: 50727.E598 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 10.00
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name		CREDIT CARD PROCESSING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CTS Holdings, LLC		Transaction ID: 50727.E599 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 5
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 109.27
City Memphis State TN Zip Code 38133-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name		CREDIT CARD PROCESSING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	545.92
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CTS Holdings, LLC		Transaction ID: 50727.E600 Date of Disbursement 06 / 07 / 2005	
Mailing Address 2525 Horizon Lake Dr Ste #120		Amount of Each Disbursement this Period 32.37	
City Memphis State TN Zip Code 38133-	Purpose of Disbursement CREDIT CARD PROCESSING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEE	

Full Name (Last, First, Middle Initial) B. Direct Mail Systems, Inc.		Transaction ID: 50727.E743 Date of Disbursement 06 / 14 / 2005	
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 2786.60	
City Clearwater State FL Zip Code 33762-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

Full Name (Last, First, Middle Initial) C. H. Timothy Efird		Transaction ID: 50721.C98IK Date of Disbursement 04 / 22 / 2005	
Mailing Address 2525 Pinewood Rd		Amount of Each Disbursement this Period 150.00	
City Gastonia State NC Zip Code 28054-7251	Purpose of Disbursement IN-KIND - BEVERAGES FOR GASTON	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: IN-KIND - BEVERAGES FOR GASTON	

SUBTOTAL of Disbursements This Page (optional) ▶	2968.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Joshua Elliott		Transaction ID: 50727.E756 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 13660 Spring Run Rd		Amount of Each Disbursement this Period 49.00
City Midlothian State VA Zip Code 23112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Joshua Elliott		Transaction ID: 50727.E754 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 13660 Spring Run Rd		Amount of Each Disbursement this Period 250.00
City Midlothian State VA Zip Code 23112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Joshua Elliott		Transaction ID: 50727.E755 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 13660 Spring Run Rd		Amount of Each Disbursement this Period 50.25
City Midlothian State VA Zip Code 23112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	349.25
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Katie Eskridge		Transaction ID: 50727.E762 Date of Disbursement 06 / 28 / 2005
Mailing Address 135 Pearson Dr		Amount of Each Disbursement this Period 600.00
City Morganton State NC Zip Code 28655-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. First National Bank		Transaction ID: 50727.E290 Date of Disbursement 04 / 11 / 2005
Mailing Address PO Box 168		Amount of Each Disbursement this Period 1486.85
City Shelby State NC Zip Code 28151-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LOAN INTEREST PAYMENT	Candidate Name	LOAN INTEREST PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brandon Gravley		Transaction ID: 50727.E722 Date of Disbursement 05 / 15 / 2005
Mailing Address PO Box 177		Amount of Each Disbursement this Period 150.00
City Brighton State TN Zip Code 38011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2236.85
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brandon Gravley		Transaction ID: 50727.E723 Date of Disbursement 06 / 01 / 2005
Mailing Address PO Box 177		Amount of Each Disbursement this Period 100.00
City Brighton State TN Zip Code 38011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brandon Gravley		Transaction ID: 50727.E724 Date of Disbursement 06 / 15 / 2005
Mailing Address PO Box 177		Amount of Each Disbursement this Period 22.35
City Brighton State TN Zip Code 38011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Colin Hagan		Transaction ID: 50727.E742 Date of Disbursement 06 / 28 / 2005
Mailing Address 381 County Rd 372		Amount of Each Disbursement this Period 550.00
City Athens State TN Zip Code 37303-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	672.35
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Colin Hagan		Transaction ID: 50727.E741 Date of Disbursement 06 / 28 / 2005	
Mailing Address 381 County Rd 372		Amount of Each Disbursement this Period 59.68	
City Athens State TN Zip Code 37303-	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) B. Scott Henley		Transaction ID: 50727.E790 Date of Disbursement 06 / 01 / 2005	
Mailing Address 5370 S Bahama Ct		Amount of Each Disbursement this Period 350.00	
City Centennial State CO Zip Code 80015-	Purpose of Disbursement VOLUNTEER STIPEND	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOLUNTEER STIPEND	

Full Name (Last, First, Middle Initial) C. Scott Henley		Transaction ID: 50727.E792 Date of Disbursement 06 / 01 / 2005	
Mailing Address 5370 S Bahama Ct		Amount of Each Disbursement this Period 267.01	
City Centennial State CO Zip Code 80015-	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	676.69
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Scott Henley		Transaction ID: 50727.E791 Date of Disbursement 06 / 28 / 2005
Mailing Address 5370 S Bahama Ct		Amount of Each Disbursement this Period 650.00
City Centennial State CO Zip Code 80015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heather Hovanec		Transaction ID: 50727.E663 Date of Disbursement 04 / 01 / 2005
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 1099.61
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE EXPENSES -SEE BELOW	Candidate Name	REIMBURSE EXPENSES -SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 50727.E818 Date of Disbursement 04 / 01 / 2005
Mailing Address 1718 Hwy 70 SE		Amount of Each Disbursement this Period 379.74
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1749.61
TOTAL This Period (last page this line number only)	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paypal		Transaction ID: 50727.E819 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 2211 N First St		Amount of Each Disbursement this Period 288.00
City San Jose State CA Zip Code 95131-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONES FOR OFFICE	Candidate Name	[MEMO ITEM] MEMO: PHONES FOR OFFICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 50727.E116 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 297.89
City Hickory State NC Zip Code 28602-2955	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heather Hovanec		Transaction ID: 50727.E662 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 240.74
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE REIMBURSEMENT	Candidate Name	OFFICE EXPENSE REIMBURSEM- ENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	240.74
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heather Hovanec		Transaction ID: 50727.E650 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 2500.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heather Hovanec		Transaction ID: 50727.E661 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 886.16
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE EXPENSES - SEE BELOW	Candidate Name	REIMBURSE EXPENSES - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 50727.E817 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address 1718 Hwy 70 SE		Amount of Each Disbursement this Period 160.49
City Hickory State NC Zip Code 28602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3386.16
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Home Depot		Transaction ID: 50727.E712 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address Po Box 8200		Amount of Each Disbursement this Period 323.44
City Wixon State MS Zip Code 48393-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 50727.E115 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 371.29
City Hickory State NC Zip Code 28602-2955	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE Candidate Name	Category/Type	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heather Hovanec		Transaction ID: 50727.E654 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 50.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE Candidate Name	Category/Type	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heather Hovanec		Transaction ID: 50727.E651 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 2500.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heather Hovanec		Transaction ID: 50727.E655 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 15.96
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE	Candidate Name	FOOD & BEVERAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heather Hovanec		Transaction ID: 50727.E656 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 525.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB EXPENSE - SEE BELOW	Candidate Name	REIMB EXPENSE - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3040.96
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Republican Party Of Catawba County

Mailing Address Po Box 268

City Conover State NC Zip Code 28613-

Purpose of Disbursement
EVENT SPONSORSHIP FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50727.E797

Date of Disbursement

05 / 15 / 2005

Amount of Each Disbursement this Period

525.00

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

[MEMO ITEM]

MEMO: EVENT SPONSORSHIP
FEE

B. Full Name (Last, First, Middle Initial)
Heather Hovanec

Mailing Address 2830 16th St Ne #22

City Hickory State NC Zip Code 28601-

Purpose of Disbursement
REIMBURSE EXPENSES - SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50727.E660

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

423.22

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

REIMBURSE EXPENSES - SEE
BELOW

C. Full Name (Last, First, Middle Initial)
Lowe's Food

Mailing Address 9441 Nc Hwy 227

City Hickory State NC Zip Code 28601-

Purpose of Disbursement
FOOD & BEVERAGE EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50727.E809

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

286.06

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-
ENSE

SUBTOTAL of Disbursements This Page (optional)

423.22

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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 50727.E816 Date of Disbursement 06 / 01 / 2005
Mailing Address 1718 Hwy 70 SE		Amount of Each Disbursement this Period 50.27
City Hickory State NC Zip Code 28602-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 50727.E114 Date of Disbursement 06 / 01 / 2005
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 2.58
City Hickory State NC Zip Code 28602-2955	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) C. Heather Hovanec		Transaction ID: 50727.E659 Date of Disbursement 06 / 09 / 2005
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 128.39
City Hickory State NC Zip Code 28601-	Purpose of Disbursement REIMBURSE OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	128.39
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heather Hovanec		Transaction ID: 50727.E652 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 2500.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heather Hovanec		Transaction ID: 50727.E658 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 89.02
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE REIMBURSEMENT	Candidate Name	FOOD & BEVERAGE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heather Hovanec		Transaction ID: 50727.E657 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 6.50
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE KEYS	Candidate Name	REIMBURSE KEYS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2595.52
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Heather Hovanec		Transaction ID: 50727.E653 Date of Disbursement 06 / 20 / 2005
Mailing Address 2830 16th St Ne #22		Amount of Each Disbursement this Period 833.33
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Jackson		Transaction ID: 50727.E356 Date of Disbursement 06 / 01 / 2005
Mailing Address 500 N. Hillandale Dr		Amount of Each Disbursement this Period 113.08
City Fremont State NC Zip Code 27830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew Jackson		Transaction ID: 50727.E357 Date of Disbursement 06 / 01 / 2005
Mailing Address 500 N. Hillandale Dr		Amount of Each Disbursement this Period 800.00
City Fremont State NC Zip Code 27830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1746.41
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Whitney Johnson		Transaction ID: 50727.E799 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 1651 24th Ave NE		Amount of Each Disbursement this Period 83.00
City Hickory State NC Zip Code 28601-9654	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		TRAVEL EXPENSE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Whitney Johnson		Transaction ID: 50727.E798 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 1651 24th Ave NE		Amount of Each Disbursement this Period 350.00
City Hickory State NC Zip Code 28601-9654	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND		VOLUNTEER STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jason Kyzer		Transaction ID: 50727.E399 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address 697 Rebecca Jane Dr		Amount of Each Disbursement this Period 363.89
City Mooresville State NC Zip Code 28115-8223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND		VOLUNTEER STIPEND
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	796.89
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Jason Kyzer		Transaction ID: 50727.E400 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 697 Rebecca Jane Dr		Amount of Each Disbursement this Period 800.00
City Mooresville State NC Zip Code 28115-8223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jason Kyzer		Transaction ID: 50727.E401 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 697 Rebecca Jane Dr		Amount of Each Disbursement this Period 116.32
City Mooresville State NC Zip Code 28115-8223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Jason Kyzer		Transaction ID: 50727.E402 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 697 Rebecca Jane Dr		Amount of Each Disbursement this Period 195.69
City Mooresville State NC Zip Code 28115-8223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE CELL PHONE EXPENSE	Candidate Name	REIMBURSE CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1112.01
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

A. Labels & Lists, Inc. Full Name (Last, First, Middle Initial) Mailing Address 2500 116th Ave Ne City Bellevue State WA Zip Code 98004- Purpose of Disbursement LIST PROCUREMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50727.E764 Date of Disbursement 06 / 09 / 2005 Amount of Each Disbursement this Period 1318.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LIST PROCUREMENT
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B. Lake Hickory Country Club Full Name (Last, First, Middle Initial) Mailing Address Po Box 1476 City Hickory State NC Zip Code 28603- Purpose of Disbursement EVENT EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50727.E765 Date of Disbursement 04 / 08 / 2005 Amount of Each Disbursement this Period 1766.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT EXPENSE
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C. Aaron Lay Full Name (Last, First, Middle Initial) Mailing Address 8790 Hwy 297 City Pioneer State TN Zip Code 37847- Purpose of Disbursement MONTHLY COMPENSATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50727.E334 Date of Disbursement 04 / 08 / 2005 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION
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SUBTOTAL of Disbursements This Page (optional) ▶	4084.24
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aaron Lay		Transaction ID: 50727.E333 Date of Disbursement 04 / 08 / 2005	
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 100.00	
City Pioneer State TN Zip Code 37847-	Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EXPENSE	

Full Name (Last, First, Middle Initial) B. Aaron Lay		Transaction ID: 50727.E331 Date of Disbursement 05 / 10 / 2005	
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 50.00	
City Pioneer State TN Zip Code 37847-	Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EXPENSE	

Full Name (Last, First, Middle Initial) C. Aaron Lay		Transaction ID: 50727.E332 Date of Disbursement 05 / 10 / 2005	
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 500.00	
City Pioneer State TN Zip Code 37847-	Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MONTHLY COMPENSATION	

SUBTOTAL of Disbursements This Page (optional) ▶	650.00
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aaron Lay		Transaction ID: 50727.E336 Date of Disbursement 05 / 25 / 2005
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 132.89
City Pioneer State TN Zip Code 37847-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		TRAVEL EXPENSE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aaron Lay		Transaction ID: 50727.E335 Date of Disbursement 06 / 01 / 2005
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 1750.00
City Pioneer State TN Zip Code 37847-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION		MONTHLY COMPENSATION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Aaron Lay		Transaction ID: 50727.E337 Date of Disbursement 06 / 20 / 2005
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 25.00
City Pioneer State TN Zip Code 37847-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1907.89
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 50727.E113 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 231 Government Ave SW		Amount of Each Disbursement this Period 25.00
City Hickory State NC Zip Code 28602-2955	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE POSTAGE	Candidate Name	[MEMO ITEM] MEMO: REIMBURSE POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aaron Lay		Transaction ID: 50727.E338 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 216.35
City Pioneer State TN Zip Code 37847-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE - SEE BELOW	Candidate Name	FOOD & BEVERAGE EXPENSE - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lowes Food		Transaction ID: 50727.E808 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 9441 Nc Hwy 227		Amount of Each Disbursement this Period 41.29
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE	Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	216.35
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aaron Lay		Transaction ID: 50727.E339 Date of Disbursement 06 / 20 / 2005	
Mailing Address 8790 Hwy 297		Amount of Each Disbursement this Period 80.01	
City Pioneer State TN Zip Code 37847-	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL EXPENSE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) B. Levy Restaurants		Transaction ID: 50727.E766 Date of Disbursement 06 / 21 / 2005	
Mailing Address 100 N Tryon St		Amount of Each Disbursement this Period 250.00	
City Charlotte State NC Zip Code 28202-	Purpose of Disbursement EVENT DEPOSIT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT DEPOSIT	

Full Name (Last, First, Middle Initial) C. Patrick Timothy McHenry		Transaction ID: 50727.E5 Date of Disbursement 05 / 15 / 2005	
Mailing Address 1100 Requa Rd		Amount of Each Disbursement this Period 299.58	
City Cherryville State NC Zip Code 28021-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	629.59
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50727.E610 Date of Disbursement 05 / 15 / 2005
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 299.58
City Atlanta State GA Zip Code 30348-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE EQUIPMENT	Candidate Name	[MEMO ITEM] MEMO: MOBILE PHONE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patrick Timothy McHenry		Transaction ID: 50727.E6 Date of Disbursement 06 / 15 / 2005
Mailing Address 1100 Requa Rd		Amount of Each Disbursement this Period 2878.31
City Cherryville State NC Zip Code 28021-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB. CREDIT CARD PMT - SEE BELOW	Candidate Name	REIMB. CREDIT CARD PMT - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 50727.E729 Date of Disbursement 06 / 15 / 2005
Mailing Address 300 First St Se		Amount of Each Disbursement this Period 555.18
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE	Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2878.31
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 50727.E804 Date of Disbursement 06 / 15 / 2005	
Mailing Address Po Box 20706		Amount of Each Disbursement this Period 412.79	
City Atlanta State GA Zip Code 30320-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) B. Savery Hotel		Transaction ID: 50727.E813 Date of Disbursement 06 / 15 / 2005	
Mailing Address 401 Locust St		Amount of Each Disbursement this Period 199.36	
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: LODGING	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50727.E613 Date of Disbursement 06 / 15 / 2005	
Mailing Address Po Box 105378		Amount of Each Disbursement this Period 95.83	
City Atlanta State GA Zip Code 30348-	Purpose of Disbursement MOBILE PHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MOBILE PHONE EXPENSE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elizabeth Menninga		Transaction ID: 50727.E748 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 3309 Saratoga Dr		Amount of Each Disbursement this Period 250.00
City Belleville State IL Zip Code 62221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Elizabeth Menninga		Transaction ID: 50727.E749 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 3309 Saratoga Dr		Amount of Each Disbursement this Period 500.00
City Belleville State IL Zip Code 62221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mimosa Hills Golf Club		Transaction ID: 50727.E776 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address Po Box 677		Amount of Each Disbursement this Period 1000.00
City Morganton State NC Zip Code 28680-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT FOOD & ROOM RENTAL	Candidate Name	EVENT FOOD & ROOM RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ryan Minto		Transaction ID: 50727.E432 Date of Disbursement 06 / 15 / 2005	
Mailing Address 214 S Fraternity Ct		Amount of Each Disbursement this Period 257.99	
City Raleigh State NC Zip Code 27606-2025	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Wal-Mart		Transaction ID: 50727.E801 Date of Disbursement 06 / 15 / 2005	
Mailing Address 3000 E Franklin Blvd		Amount of Each Disbursement this Period 257.99	
City Gastonia State NC Zip Code 28056-	Purpose of Disbursement FOOD & BEVERAGE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE	

Full Name (Last, First, Middle Initial) C. National Reverse Mortgage Lenders Associ		Transaction ID: 50721.C2329IK Date of Disbursement 05 / 04 / 2005	
Mailing Address 1625 Massachusetts Ave Nw Ste 601		Amount of Each Disbursement this Period 1187.75	
City Washington State DC Zip Code 20036-	Purpose of Disbursement IN-KIND - HOST 05/04/05 EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: IN-KIND - HOST 05/04/05 EVENT	

SUBTOTAL of Disbursements This Page (optional) ▶	1445.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Oxley For Congress		Transaction ID: 50721.C2459IK Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address Po Box 2006		Amount of Each Disbursement this Period 1028.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Findlay State OH Zip Code 45839-	Purpose of Disbursement IN-KIND - FOOD&BEVERAGE-1ST TU Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: IN-KIND - FOOD&BEVERAGE-1ST TU

Full Name (Last, First, Middle Initial) B. Mario Perez		Transaction ID: 50727.E769 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 6030 Sunbeam Ln Apt 121		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37920-	Purpose of Disbursement VOLUNTEER STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOLUNTEER STIPEND

Full Name (Last, First, Middle Initial) C. Mario Perez		Transaction ID: 50727.E770 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5
Mailing Address 6030 Sunbeam Ln Apt 121		Amount of Each Disbursement this Period 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37920-	Purpose of Disbursement VOLUNTEER STIPEND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOLUNTEER STIPEND

SUBTOTAL of Disbursements This Page (optional) ▶	1603.47
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Prism Property Mgmt. Operating Trust		Transaction ID: 50727.E785 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address Po Box 729		Amount of Each Disbursement this Period 967.74
City Hickory State NC Zip Code 28603-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT	Candidate Name	OFFICE RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Catherine Rains		Transaction ID: 50727.E14 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 288.76
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB EXPENSE - SEE BELOW	Candidate Name	REIMB EXPENSE - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sams Club		Transaction ID: 50727.E814 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address Franklin Square		Amount of Each Disbursement this Period 288.76
City Gastonia State NC Zip Code 28054-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX MACHINE	Candidate Name	[MEMO ITEM] MEMO: FAX MACHINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1256.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Catherine Rains		Transaction ID: 50727.E13 Date of Disbursement 05 / 02 / 2005
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 2825.24
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB EXPENSE - SEE BELOW	Candidate Name	REIMB EXPENSE - SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Continental Airlines		Transaction ID: 50727.E811 Date of Disbursement 05 / 02 / 2005
Mailing Address Po Box 4607		Amount of Each Disbursement this Period 1327.80
City Houston State TX Zip Code 77210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 50727.E810 Date of Disbursement 05 / 02 / 2005
Mailing Address 7500 Airline Dr		Amount of Each Disbursement this Period 1010.37
City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2825.24
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Savery Hotel		Transaction ID: 50727.E812 Date of Disbursement 05 / 02 / 2005	
Mailing Address 401 Locust St		Amount of Each Disbursement this Period 487.07	
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) B. Catherine Rains		Transaction ID: 50727.E10 Date of Disbursement 06 / 01 / 2005	
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 2250.00	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement MONTHLY COMPENSATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY COMPENSATION	

Full Name (Last, First, Middle Initial) C. Catherine Rains		Transaction ID: 50727.E11 Date of Disbursement 06 / 15 / 2005	
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 140.55	
City Gastonia State NC Zip Code 28052-	Purpose of Disbursement REIMBURSE FED EX CHARGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE FED EX CHARGES	

SUBTOTAL of Disbursements This Page (optional) ▶	2390.55
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Catherine Rains		Transaction ID: 50727.E12 Date of Disbursement 06 / 15 / 2005
Mailing Address 1319 Park Lane		Amount of Each Disbursement this Period 254.39
City Gastonia State NC Zip Code 28052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB FAX LINE EXPENSE	Candidate Name	REIMB FAX LINE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patty Roe		Transaction ID: 50727.E781 Date of Disbursement 04 / 01 / 2005
Mailing Address 3903 Elbert Ave		Amount of Each Disbursement this Period 485.76
City Alexandria State VA Zip Code 22305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE REIMBURSEME	Candidate Name	FOOD & BEVERAGE EXPENSE REIMBURSEME
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Patty Roe		Transaction ID: 50727.E782 Date of Disbursement 04 / 20 / 2005
Mailing Address 3903 Elbert Ave		Amount of Each Disbursement this Period 260.74
City Alexandria State VA Zip Code 22305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 3/2 LUNCH EVENT FOOD REIMBURSEMENT	Candidate Name	3/2 LUNCH EVENT FOOD REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.89
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patty Roe		Transaction ID: 50727.E780 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 3903 Elbert Ave		Amount of Each Disbursement this Period 15200.00
City Alexandria State VA Zip Code 22305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMISSION	Candidate Name	COMMISSION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patty Roe		Transaction ID: 50727.E783 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 3903 Elbert Ave		Amount of Each Disbursement this Period 1350.85
City Alexandria State VA Zip Code 22305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BOOKS	Candidate Name	BOOKS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles Scott		Transaction ID: 50727.E733 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 1088 Orchard Knoll Ct		Amount of Each Disbursement this Period 100.00
City Newton State NC Zip Code 28658-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	16650.85
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charles Scott		Transaction ID: 50727.E735 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address 1088 Orchard Knoll Ct		Amount of Each Disbursement this Period 98.00	
City Newton State NC Zip Code 28658-	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	TRAVEL EXPENSE REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Scott		Transaction ID: 50727.E734 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address 1088 Orchard Knoll Ct		Amount of Each Disbursement this Period 200.00	
City Newton State NC Zip Code 28658-	Purpose of Disbursement VOLUNTEER STIPEND	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	VOLUNTEER STIPEND	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sign Systems, Inc		Transaction ID: 50727.E794 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5	
Mailing Address Po Box 3767		Amount of Each Disbursement this Period 280.34	
City Hickory State NC Zip Code 28603-	Purpose of Disbursement OFFICE SIGNS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	OFFICE SIGNS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	578.34
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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sports Promotion Network		Transaction ID: 50727.E795 Date of Disbursement MM / DD / YYYY 04 / 01 / 2005
Mailing Address Po Box 200548		Amount of Each Disbursement this Period 445.45
City Arlington State TX Zip Code 76006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PROMOTIONAL ITEMS	Candidate Name	PROMOTIONAL ITEMS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: 50727.E580 Date of Disbursement MM / DD / YYYY 04 / 08 / 2005
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 569.79
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint		Transaction ID: 50727.E581 Date of Disbursement MM / DD / YYYY 05 / 10 / 2005
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 436.15
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1451.39
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: 50727.E582 Date of Disbursement 06 / 01 / 2005
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 436.68
City Newark	State NJ Zip Code 07101-	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: 50727.E583 Date of Disbursement 06 / 10 / 2005
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 460.74
City Newark	State NJ Zip Code 07101-	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	TELEPHONE EXPENSE

Full Name (Last, First, Middle Initial) C. Angela Stewart		Transaction ID: 50727.E61 Date of Disbursement 05 / 20 / 2005
Mailing Address 6706 Queen Annes Dr		Amount of Each Disbursement this Period 344.52
City Raleigh	State NC Zip Code 27613-3326	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/ Type	TRAVEL EXPENSE REIMBURSEM- ENT

SUBTOTAL of Disbursements This Page (optional) ▶

1241.94

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)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. G. William Sudyk		Transaction ID: 50721.C180IK Date of Disbursement MM / DD / YYYY 04 / 22 / 2005
Mailing Address 3412 Country Club Dr		Amount of Each Disbursement this Period 345.00
City Gastonia State NC Zip Code 28056-6680	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND - FOOD & BEVERAGE-GAST		IN KIND: IN-KIND - FOOD & BEVERAGE-GAST
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tel Opinion Research		Transaction ID: 50727.E131 Date of Disbursement MM / DD / YYYY 05 / 15 / 2005
Mailing Address 19 North 6th Street		Amount of Each Disbursement this Period 6800.00
City Warrenton State VA Zip Code 20186-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SURVEY		SURVEY
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Stewart Group		Transaction ID: 50727.E64 Date of Disbursement MM / DD / YYYY 04 / 01 / 2005
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 36603.44
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTO CALLS & DIRECT MAIL		AUTO CALLS & DIRECT MAIL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	43748.44
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Stewart Group		Transaction ID: 50727.E65 Date of Disbursement 05 / 20 / 2005
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 5640.00
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PLANNING & DEVELOPMENT FEES	Candidate Name	PLANNING & DEVELOPMENT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Stewart Group		Transaction ID: 50727.E66 Date of Disbursement 06 / 09 / 2005
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 786.31
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Stewart Group		Transaction ID: 50727.E67 Date of Disbursement 06 / 20 / 2005
Mailing Address Po Box 26508		Amount of Each Disbursement this Period 6000.00
City Raleigh State NC Zip Code 27611-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PLANNING & DEVELOPMENT FEES	Candidate Name	PLANNING & DEVELOPMENT FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12426.31
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Union Plaza Assoc (Corp Management Svc)		Transaction ID: 50727.E689 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28603-	Purpose of Disbursement MONTHLY OFFICE RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY OFFICE RENT

Full Name (Last, First, Middle Initial) B. Union Plaza Assoc (Corp Management Svc)		Transaction ID: 50727.E690 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28603-	Purpose of Disbursement MONTHLY OFFICE RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY OFFICE RENT

Full Name (Last, First, Middle Initial) C. Union Plaza Assoc (Corp Management Svc)		Transaction ID: 50727.E691 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address Po Box 2365		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hickory State NC Zip Code 28603-	Purpose of Disbursement MONTHLY OFFICE RENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY OFFICE RENT

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 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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 50727.E111 Date of Disbursement
Mailing Address 231 Government Ave SW		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2005"/>
City Hickory	State NC	Zip Code 28602-2955
Purpose of Disbursement POSTAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="50.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50727.E611 Date of Disbursement
Mailing Address Po Box 105378		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
City Atlanta	State GA	Zip Code 30348-
Purpose of Disbursement MOBILE PHONE EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="415.64"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MOBILE PHONE EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50727.E612 Date of Disbursement
Mailing Address Po Box 105378		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Atlanta	State GA	Zip Code 30348-
Purpose of Disbursement MOBILE PHONE EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="170.22"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MOBILE PHONE EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="635.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Melanie Walker		Transaction ID: 50727.E771 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5
Mailing Address 3967 2nd St Dr Nw		Amount of Each Disbursement this Period 1100.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY COMPENSATION	Candidate Name	MONTHLY COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melanie Walker		Transaction ID: 50727.E772 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address 3967 2nd St Dr Nw		Amount of Each Disbursement this Period 148.00
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE REIMBURSEMENT	Candidate Name	POSTAGE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melanie Walker		Transaction ID: 50727.E774 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 3967 2nd St Dr Nw		Amount of Each Disbursement this Period 228.90
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1476.90
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lowes Food		Transaction ID: 50727.E807 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 9441 Nc Hwy 227		Amount of Each Disbursement this Period 184.91
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE	Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melanie Walker		Transaction ID: 50727.E773 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 5
Mailing Address 3967 2nd St Dr Nw		Amount of Each Disbursement this Period 21.54
City Hickory State NC Zip Code 28601-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	TRAVEL EXPENSE REIMBURSEM-ENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amanda Zalaquett		Transaction ID: 50727.E713 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 9322 Sardis Glen Dr		Amount of Each Disbursement this Period 85.00
City Matthews State NC Zip Code 28105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE REIMBURSEME	Candidate Name	FOOD & BEVERAGE EXPENSE REIMBURSEME
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	106.54
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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amanda Zalaquett		Transaction ID: 50727.E714 Date of Disbursement 06 / 01 / 2005
Mailing Address 9322 Sardis Glen Dr		Amount of Each Disbursement this Period 250.00
City Matthews State NC Zip Code 28105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VOLUNTEER STIPEND	Candidate Name	VOLUNTEER STIPEND
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amanda Zalaquett		Transaction ID: 50727.E715 Date of Disbursement 06 / 10 / 2005
Mailing Address 9322 Sardis Glen Dr		Amount of Each Disbursement this Period 50.00
City Matthews State NC Zip Code 28105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amanda Zalaquett		Transaction ID: 50727.E716 Date of Disbursement 06 / 15 / 2005
Mailing Address 9322 Sardis Glen Dr		Amount of Each Disbursement this Period 10.00
City Matthews State NC Zip Code 28105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE EXPENSE	Candidate Name	FOOD & BEVERAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	310.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amanda Zalaquett		Transaction ID: 50727.E717	
Mailing Address 9322 Sardis Glen Dr		Date of Disbursement MM / DD / YYYY 06 / 28 / 2005	
City Matthews	State NC	Zip Code 28105-	Amount of Each Disbursement this Period 28.79
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TRAVEL EXPENSE REIMBURSEM- ENT
State: District:			

Full Name (Last, First, Middle Initial) B. Amanda Zalaquett		Transaction ID: 50727.E718	
Mailing Address 9322 Sardis Glen Dr		Date of Disbursement MM / DD / YYYY 06 / 28 / 2005	
City Matthews	State NC	Zip Code 28105-	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement VOLUNTEER STIPEND		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		VOLUNTEER STIPEND
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

628.79

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

140509.50

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" 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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. First National Bank

Mailing Address PO Box 168

City State Zip Code
Shelby NC 28151-

Purpose of Disbursement
Repayment of Other Loan LOAN PRINCIPAL P

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50727.E291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**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)

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<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patrick Timothy McHenry		Transaction ID: 50727.E4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5
Mailing Address 1100 Requa Rd		Amount of Each Disbursement this Period 19000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cherryville State NC Zip Code 28021-	Purpose of Disbursement Repay Loan made/Guar. By Cand LOAN REPAY 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Patrick Timothy McHenry		Transaction ID: 50727.E7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5
Mailing Address 1100 Requa Rd		Amount of Each Disbursement this Period 11000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cherryville State NC Zip Code 28021-	Purpose of Disbursement Repay Loan made/Guar. By Cand LOAN REPAY 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	30000.00
TOTAL This Period (last page this line number only)	30000.00

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)

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<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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capito For Congress		Transaction ID: 50727.E726 Date of Disbursement 06 / 21 / 2005
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339-1519	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

Full Name (Last, First, Middle Initial) B. Charles Boustany Jr. For Congress		Transaction ID: 50727.E731 Date of Disbursement 06 / 21 / 2005
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 1000.00
City Lafayette State LA Zip Code 70598-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

Full Name (Last, First, Middle Initial) C. Charles Dent For Congress		Transaction ID: 50727.E732 Date of Disbursement 06 / 21 / 2005
Mailing Address Po Box 442		Amount of Each Disbursement this Period 1000.00
City Allentown State PA Zip Code 18105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chocola For Congress Inc		Transaction ID: 50727.E738 Date of Disbursement 06 / 21 / 2005
Mailing Address Po Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Hayes For Congress		Transaction ID: 50727.E750 Date of Disbursement 06 / 21 / 2005
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 1000.00
City Concord State NC Zip Code 28026-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Heather Wilson For Congress		Transaction ID: 50727.E751 Date of Disbursement 06 / 21 / 2005
Mailing Address P.o. Box 14070 P.o. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION	Candidate Name	Category/ Type
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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
MCHENRY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jeff Fortenberry For United States Congr		Transaction ID: 50727.E753 Date of Disbursement 06 / 21 / 2005
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 1000.00
City Lincoln State NE Zip Code 68508-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

Full Name (Last, First, Middle Initial) B. Kuhl For Congress		Transaction ID: 50727.E763 Date of Disbursement 06 / 21 / 2005
Mailing Address 10 Ganesvoort Street		Amount of Each Disbursement this Period 1000.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

Full Name (Last, First, Middle Initial) C. Mike Rogers For Congress		Transaction ID: 50727.E775 Date of Disbursement 06 / 21 / 2005
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00
City Anniston State AL Zip Code 36201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		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:		

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
MCHENRY FOR CONGRESS

<p>A. NRCC</p> <p>Full Name (Last, First, Middle Initial) NRCC</p> <p>Mailing Address 320 First St Se</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50727.E589</p> <p>Date of Disbursement 04 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Schwarz For Congress</p> <p>Full Name (Last, First, Middle Initial) Schwarz For Congress</p> <p>Mailing Address Post Office Box 2063</p> <p>City Battle Creek State MI Zip Code 49016-</p> <p>Purpose of Disbursement CAMPAIGN CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50727.E789</p> <p>Date of Disbursement 06 / 21 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</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) ▶

7000.00

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

16000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 143 / 148
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

Transaction ID: LS50721.C6

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2004
Mailing Address 1100 Requa Rd	
City Cherryville State NC ZIP Code 28021-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	50000.00	0.00

TERMS

Date Incurred M M D D Y Y Y Y 1 2 3 1 2 0 0 3	Date Due ONDEMAND	Interest Rate 5.000 % (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) Patrick Timothy McHenry	Name of Employer Self Employed
Mailing Address 1100 Requa Rd	Occupation Real Estate
City Cherryville State NC ZIP Code 28021-	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
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)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 144 / 148
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

Transaction ID: LS50721.C7

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2004
Mailing Address 1100 Requa Rd	
City Cherryville State NC ZIP Code 28021-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	11000.00	24000.00

TERMS

Date Incurred M M 03 D D 31 Y Y Y Y 2004	Date Due ONDEMAND	Interest Rate 5.000 % (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 type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	24000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
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)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 145 / 148
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

Transaction ID: LS50721.C8

LOAN SOURCE Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P-2004
Mailing Address 1100 Requa Rd	
City Cherryville State NC ZIP Code 28021-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

TERMS

Date Incurred M M 06 D D 28 Y Y Y Y 2004	Date Due ONDEMAND	Interest Rate 5.000 % (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: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	11000.00
TOTALS This Period (last page in this line only)	[]
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)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 146 / 148
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MCHENRY FOR CONGRESS

Transaction ID: LS51015.C3021

LOAN SOURCE Full Name (Last, First, Middle Initial) First National Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ R-2004
Mailing Address PO Box 168	
City Shelby State NC ZIP Code 28151-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100500.00	10000.00	90500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 19 Y Y Y Y 2004	20061021	7.000 % (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 type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	90500.00
TOTALS This Period (last page in this line only)	125500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 147 / 148	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 MCHENRY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Stewart Group	Nature of Debt (Purpose): AUTO CALLS & DIRECT MAIL
Mailing Address Po Box 26508	
City State ZIP Code Raleigh NC 27611-	

Outstanding Balance Beginning This Period	Transaction ID: LS50727.E64	
36603.44		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	36603.44	0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 26930405094

Form/Schedule: **F3A** This amended report is to correct the election cycle-to-date figures for all aggregate amounts. The discrepancy was due to a software conversion problem that has since been corrected.
Transaction ID: **C00393629**
