

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

Rob Miller for Congress

ADDRESS (number and street) 219 Scott's Street

Check if different than previously reported. (ACC)

Beaufort SC 29902

2. **FEC IDENTIFICATION NUMBER** C00446559

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

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

SC 02

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 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Ms. Joan Hitt-Algar

Signature of Treasurer Electronically Filed by Ms. Joan Hitt-Algar Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Rob Miller for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	96164.84	326539.42
(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)).....	96164.84	326539.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	108701.67	394529.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	108701.67	394529.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	102009.93	
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).....	170000.00	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Rob Miller for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

67416.82

283036.35

(ii) Unitemized.....

14700.00

29359.00

(iii) TOTAL of contributions

82116.82

312395.35

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

14048.02

14144.07

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

96164.84

326539.42

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

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

0.00

0.00

13. LOANS

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

60000.00

170000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

60000.00

170000.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

156164.84

496539.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	108701.67	394529.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108701.67	394529.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54546.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	156164.84
25. SUBTOTAL (add Line 23 and Line 24).....	210711.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108701.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	102009.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 91
	<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	

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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Bruce Algar		Date of Receipt MM / DD / YYYY 08 / 13 / 2008		
	Mailing Address 33 Landing Lane		Transaction ID: C3975998		
	City Bluffton	State SC	Zip Code 29909	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Bank of America	Occupation Banker			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00				

B.	Full Name (Last, First, Middle Initial) John Algar		Date of Receipt MM / DD / YYYY 08 / 07 / 2008		
	Mailing Address 1014 Lansing Dr		Transaction ID: C3974972		
	City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self	Occupation Attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00				

C.	Full Name (Last, First, Middle Initial) John Algar		Date of Receipt MM / DD / YYYY 09 / 04 / 2008		
	Mailing Address 1014 Lansing Dr		Transaction ID: C3998390		
	City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self	Occupation Attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Joseph Awad		Date of Receipt
	Mailing Address 47 Spring Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2008
	City	State	Zip Code
	Syosset	NY	11791
	FEC ID number of contributing federal political committee.		Transaction ID: C3952896
		Amount of Each Receipt this Period	
		500.00	
Name of Employer Silberstein, Awad & Miklos, PC		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	500.00	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Keith M. Babcock		Date of Receipt
	Mailing Address 233 W Springs Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2008
	City	State	Zip Code
	Columbia	SC	29223-6912
	FEC ID number of contributing federal political committee.		Transaction ID: C3988929
		Amount of Each Receipt this Period	
		250.00	
Name of Employer Lewis & Babcock, LLP		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	350.00	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mary Gordon Baker		Date of Receipt
	Mailing Address 678 Williamson Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 15 / 2008
	City	State	Zip Code
	Mount Pleasant	SC	29464
	FEC ID number of contributing federal political committee.		Transaction ID: C4006861
		Amount of Each Receipt this Period	
		300.00	
Name of Employer Public Defender's Off.		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	550.00	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 91
(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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert P Beliles		Date of Receipt MM / DD / YYYY 08 / 26 / 2008		
	Mailing Address 51 Headlands Dr		Transaction ID: C3983297		
	City Hilton Head Island	State SC	Zip Code 29926	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer N/A	Occupation Retired			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Margaret Miles Bluestein		Date of Receipt MM / DD / YYYY 09 / 03 / 2008		
	Mailing Address 60 Avian Trail		Transaction ID: C3998385		
	City Columbia	State SC	Zip Code 29206	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Bluestein, Nichols, Thompson & Delgado	Occupation Attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Kent Book		Date of Receipt MM / DD / YYYY 08 / 24 / 2008		
	Mailing Address PO Box 1		Transaction ID: C3981919		
	City Rush	State CO	Zip Code 80833-0001	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer N/A	Occupation Student			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1700.00			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Blanche Boyd		Date of Receipt
	Mailing Address 140 Deer Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2008
	City	State	Zip Code
	Guilford	CT	06437
	FEC ID number of contributing federal political committee. C		Transaction ID: C4005372
Name of Employer Connecticut College		Occupation Professor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Scott Braithwaite		Date of Receipt
	Mailing Address 45 Bishop Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 12 / 2008
	City	State	Zip Code
	New Haven	CT	06511
	FEC ID number of contributing federal political committee. C		Transaction ID: C4002252
Name of Employer Yale University		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Jennifer Brown		Date of Receipt
	Mailing Address 15 Loomis Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2008
	City	State	Zip Code
	New Haven	CT	06511
	FEC ID number of contributing federal political committee. C		Transaction ID: C4005413
Name of Employer Quinnipiac University		Occupation Professor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Malissa Burnette		Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 2721 Wheat St		Transaction ID: C3974979
	City Columbia	State SC	Zip Code 29205-2538
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Burnette & Rothstein, P.A.	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Steve Butaitis		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 1491 Greenshade Way		Transaction ID: C3998408
	City Mount Pleasant	State SC	Zip Code 29464
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Mark C. Tanenbaum, P.A.	Occupation Lawyer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) J. David Butler		Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 150 Wild Oaks Lane		Transaction ID: C4006687
	City Aiken	State SC	Zip Code 29803
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Richardson, Patrick, Westbrook & Brick	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Nicholas G. Callas

Mailing Address Post Office Box 7397

City Columbia State SC Zip Code 29202

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

Name of Employer Popowski, Callas & Shirley Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2008

Transaction ID: C3998548

Amount of Each Receipt this Period 1000.00

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

B.

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

Mailing Address 264 Summer Creek Dr.

City Graniteville State SC Zip Code 29829

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

Name of Employer Chandler Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2008

Transaction ID: C4006707

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Anita Cohen

Mailing Address PO Box 7928

City Hilton Head State SC Zip Code 29938

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

Name of Employer retired Occupation n/a

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2008

Transaction ID: C3983199

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 91
(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)
Rob Miller for Congress

A.

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

Mailing Address 19 Tradd Street

City Charleston State SC Zip Code 29401

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998418

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
J. Crawford Cook

Mailing Address 2700 Wheat Street

City Columbia State SC Zip Code 29205

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

Name of Employer Cook & Associates Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2008

Transaction ID: C3975012

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Jack Cordray

Mailing Address PO Box 22857

City Charleston State SC Zip Code 29413

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998425

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Jack Cordray	Date of Receipt MM / DD / YYYY 09 / 28 / 2008
	Mailing Address PO Box 22857	Transaction ID: C4018044
	City State Zip Code Charleston SC 29413	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Attorney	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00

B.	Full Name (Last, First, Middle Initial) Ronnie L. Crosby	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address Post Office Box 457	Transaction ID: C4017804
	City State Zip Code Hampton SC 29924-0457	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Peters, Murdaugh, Parker, Eltzroth & D Occupation Attorney	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) R. Gordon Darby	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 1503 Twilight Trl	Transaction ID: C3975008
	City State Zip Code Mt Pleasant SC 29464-3917	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Darby Development Occupation Real Estate Developer	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
R. Gordon Darby

Mailing Address 1503 Twilight Trl

City State Zip Code
Mt Pleasant SC 29464-3917

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

Name of Employer Darby Development Occupation Real Estate Developer

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

800.00

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

Transaction ID: C3983299

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
MAX DENT

Mailing Address 1900 Cofield Dr

City State Zip Code
West Columbia SC 29169-5457

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

Name of Employer NA Occupation RETIRED

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

770.00

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

Transaction ID: C3974445

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 7 Foxbriar Ct

City State Zip Code
Hilton Head Island SC 29926-1925

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

Name of Employer Carolina Contractors Occupation Contractor

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

250.00

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

Transaction ID: C3957853

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
William E. Dufford

Mailing Address 101 S. Edisto Ave.

City Columbia State SC Zip Code 29205

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2008

Transaction ID: C3999955

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Lewis Eidson

Mailing Address 255 Aragon Avenue

City Coral Gables State FL Zip Code 33134

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

Name of Employer Colson Hicks Eidson Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2008

Transaction ID: C3952897

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Richard Elliott

Mailing Address 222 N Shelmore Blvd

City Mt Pleasant State SC Zip Code 29464-6616

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

Name of Employer Maverick Southern Kitchen-s, Inc. Occupation Restaurant owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998395

Amount of Each Receipt this Period 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Jack A. Elzroth, Jr.

Mailing Address PO Box 457

City State Zip Code
Hampton SC 29924

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

Name of Employer Occupation
Peters, Murdaugh, Parker, Attorney
Elzroth & D

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C4017752

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Joe A Erwin

Mailing Address 208 Idonia Drive

City State Zip Code
Taylors SC 29687

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

Name of Employer Occupation
Erwin-Penland Advertising Advertising Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: C3952898

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Leo and Carol Fishman

Mailing Address 247 Saltgrass Court

City State Zip Code
Kiawah Island SC 29455

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

Name of Employer Occupation
N/A retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2008

Transaction ID: C3983257

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 91

(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)
Rob Miller for Congress

A.

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

Mailing Address 2 Atlantic St

City Charleston State SC Zip Code 29401

FEC ID number of contributing federal political committee. C

Name of Employer
Island Internal Medicine

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998405

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
Leon Greenfield

Mailing Address 3731 Huntington Street NW

City Washington State DC Zip Code 20015

FEC ID number of contributing federal political committee. C

Name of Employer
WilmerHale

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2008

Transaction ID: C3958431

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Daniel Scott Haltiwanger

Mailing Address 670 Oak Meadow Lane

City Aiken State SC Zip Code 29803

FEC ID number of contributing federal political committee. C

Name of Employer
Richardson, Patrick, West-
brook and Bri

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2008

Transaction ID: C4035520

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Anthony L. Harbin

Mailing Address 142 Graylyn Drive

City Anderson State SC Zip Code 29621

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2008
Transaction ID: C3973492
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Dick A. Harpootlian

Mailing Address 1410 Laurel Street
PO Box 1090

City Columbia State SC Zip Code 29202-1090

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 08 / 11 / 2008
Transaction ID: C3974989
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Kenny W Harrell

Mailing Address 22 Saturday Rd.

City Mount Pleasant State SC Zip Code 29464

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

Name of Employer Joye Law Firm L.L.P. Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2008
Transaction ID: C3999954
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Harris		Date of Receipt
	Mailing Address 601 Braxton PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Alexandria	VA	22301-2703
	FEC ID number of contributing federal political committee.		Transaction ID: C4013583
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Nuthar & Harris		Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

B.	Full Name (Last, First, Middle Initial) Willar Hightower		Date of Receipt
	Mailing Address 682 Edrie Street, NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 16 / 2008
	City	State	Zip Code
	Aiken,	SC	29801
	FEC ID number of contributing federal political committee.		Transaction ID: C4006689
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer WSRC-Retired		Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 300.00		

C.	Full Name (Last, First, Middle Initial) Anne Hitt		Date of Receipt
	Mailing Address 1014 Lansing Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 04 / 2008
	City	State	Zip Code
	Mount Pleasant	SC	29464
	FEC ID number of contributing federal political committee.		Transaction ID: C3998420
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer N/A		Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2000.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial) Lucas Hitt		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 1328 Lawrence St NE		Transaction ID: C3957949
City Washington	State DC	Zip Code 20017-4029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 906.03
Name of Employer U.S. Dept of Commerce	Occupation Public Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1906.03	

* In-Kind: Fundraising Event

B.

Full Name (Last, First, Middle Initial) Lucas Hitt		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 1328 Lawrence St NE		Transaction ID: C4006854
City Washington	State DC	Zip Code 20017-4029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer U.S. Dept of Commerce	Occupation Public Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1906.03	

C.

Full Name (Last, First, Middle Initial) Susan Hitt		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
Mailing Address 100 Barton Bend Lane		Transaction ID: C3974997
City Columbia	State SC	Zip Code 29206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer United States Dept of Justice	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2056.03
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Ann Hoefer
Mailing Address 251 East Rock Rd
City New Haven State CT Zip Code 06511
FEC ID number of contributing federal political committee. **C**
Name of Employer Yale Occupation Doctor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 10 / 2008
Transaction ID: C4005466
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fritz Hollings
Mailing Address 10 Dunecrest Ln
City Isle of Palms State SC Zip Code 29451
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 04 / 2008
Transaction ID: C3998423
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
S. Randall Hood
Mailing Address 7500 Woodstream Drive
City Charlotte State NC Zip Code 28210
FEC ID number of contributing federal political committee. **C**
Name of Employer McGowan, Hood & Felder, LLC Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 07 / 2008
Transaction ID: C3974982
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Anthony Horwitz

Mailing Address Box 5056

City State Zip Code
Vineyard Haven MA 02568

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

Name of Employer self Occupation
writer

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

Amount of Each Receipt this Period
250.00

Transaction ID: C3998567

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

B.

Full Name (Last, First, Middle Initial)
Vivek Jain

Mailing Address 5511 Glenwood Rd

City State Zip Code
Bethesda MD 20817-3747

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

Name of Employer WilmerHale Occupation
Attorney

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

Amount of Each Receipt this Period
500.00

Transaction ID: C3957392

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

C.

Full Name (Last, First, Middle Initial)
Vivek Jain

Mailing Address 5511 Glenwood Rd

City State Zip Code
Bethesda MD 20817-3747

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

Name of Employer WilmerHale Occupation
Attorney

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

Amount of Each Receipt this Period
1000.00

Transaction ID: C4012821

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Richard Jerue		Date of Receipt
	Mailing Address 30 Parkwood Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 04 / 2008
	City	State	Zip Code
	Charleston	SC	29403
	FEC ID number of contributing federal political committee. C		Transaction ID: C3998399
Name of Employer The Art Institute of Charleston		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B.	Full Name (Last, First, Middle Initial) Raymond Jimison		Date of Receipt
	Mailing Address PO Box 4207		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2008
	City	State	Zip Code
	Beaufort	SC	29903
	FEC ID number of contributing federal political committee. C		Transaction ID: C3960047
Name of Employer self		Occupation optometrist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C.	Full Name (Last, First, Middle Initial) Paige W. Johnson		Date of Receipt
	Mailing Address 494 West Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2008
	City	State	Zip Code
	Aiken	SC	29801
	FEC ID number of contributing federal political committee. C		Transaction ID: C4006694
Name of Employer Johnson Johnson Whittle		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
John R. Jordan

Mailing Address 4869 Kilbourne Road

City Columbia State SC Zip Code 29206-4540

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

Name of Employer Cherokee Inc. Occupation General Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 09 / 03 / 2008

Transaction ID: C3998437

Amount of Each Receipt this Period 250.00

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

B.

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

Mailing Address 1600 Sherwood PI SE

City Aiken State SC Zip Code 29801-5136

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2008

Transaction ID: C4002777

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
William Kolasky

Mailing Address 3145 P St NW

City Washington State DC Zip Code 20007-3079

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

Name of Employer WilmerHale Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008

Transaction ID: C3958367

Amount of Each Receipt this Period 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
John C. Land, III

Mailing Address PO Box 138

City State Zip Code
Manning SC 29102-0138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Land Parker and Welsh Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	8

Transaction ID: C3943500

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Charles Lane

Mailing Address PO Box 668

City State Zip Code
Charleston SC 29402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Holcombe, Fair & Lane Real Estate Broker

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

Date of Receipt

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

Transaction ID: C3975007

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Edward C. Lasater

Mailing Address 2101 Ward Parkway

City State Zip Code
Fort Worth TX 76110

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ADI Inc Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	8

Transaction ID: C4002840

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 91
	<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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Garland Lasater	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 249 Cherry Street	Transaction ID: C3986443
	City State Zip Code San Francisco CA 94118	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Super-Ego Games Occupation CEO Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Ike Kampmann Lasater	Date of Receipt MM / DD / YYYY 09 / 02 / 2008
	Mailing Address 156 Madrone Avenue	Transaction ID: C3998434
	City State Zip Code San Francisco CA 94127	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation mediator Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2900.00	

C.	Full Name (Last, First, Middle Initial) Aaron Lenz	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 11 Lemoyne Dr	Transaction ID: C4013593
	City State Zip Code Ladys Island SC 29907	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer USMC Occupation Infantry Officer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Pringle Leonard

Mailing Address 682 Pelzer Drive

City State Zip Code
Mount Pleasant SC 29464

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2008

Transaction ID: C3978269

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
Gary A. Ling

Mailing Address 3660 W. Montague Ave

City State Zip Code
North Charleston SC 29418

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

Name of Employer Riesen Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2008

Transaction ID: C3957194

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
Gary A. Ling

Mailing Address 3660 W. Montague Ave

City State Zip Code
North Charleston SC 29418

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

Name of Employer Riesen Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2008

Transaction ID: C3969436

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

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

Mailing Address 636G Long Point Rd
123

City State Zip Code
Mount Pleasant SC 29464-8216

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2008

Transaction ID: C3987393

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Chad A. McGowan

Mailing Address 1539 Health Care Drive

City State Zip Code
Rock Hill SC 29732

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

Name of Employer Occupation
atty self

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2008

Transaction ID: C3958818

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 5806 Sable Drive

City State Zip Code
Alexandria VA 22303

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

Name of Employer Occupation
DHS Special Agent

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2008

Transaction ID: C3982796

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial) Peter McNulty		Date of Receipt MM / DD / YYYY 09 / 23 / 2008	
Mailing Address 1725 Riggs PI NW Apt 1		Transaction ID: C4011366	
City Washington	State DC	Zip Code 20009-6165	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Wilmer Cutler Pickering Hale and Dorr	Occupation Attorney	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Page Miller		Date of Receipt MM / DD / YYYY 08 / 26 / 2008	
Mailing Address 118 Sea Otter Lane		Transaction ID: C3982986	
City Fripp Island	State SC	Zip Code 29920	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer retired	Occupation historian	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Robert Lauransom Miller		Date of Receipt MM / DD / YYYY 07 / 08 / 2008	
Mailing Address 7 Fraser Street		Transaction ID: C4025827	
City Ladys Island	State SC	Zip Code 29907	Amount of Each Receipt this Period 398.82
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer The Recruit's Depot	Occupation Co-Owner	Election Cycle-to-Date 286365.32	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* In-Kind: Travel and Lodging		

SUBTOTAL of Receipts This Page (optional)	▶	1148.82
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 29 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
07 / 10 / 2008

Transaction ID: C4025806

Amount of Each Receipt this Period
365.31

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

* In-Kind: Literature

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: C4014299

Amount of Each Receipt this Period
2520.64

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

* In-Kind: Travel and hotel for event

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: C4025832

Amount of Each Receipt this Period
269.00

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

* In-Kind: Travel and Lodging

SUBTOTAL of Receipts This Page (optional) ► **3154.95**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 91

(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2008

Transaction ID: C4025834

Amount of Each Receipt this Period

544.96

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

* In-Kind: Travel and Lodging

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: C4020118

Amount of Each Receipt this Period

1045.50

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

* In-Kind: Travel and Lodging

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: C4014286

Amount of Each Receipt this Period

1045.50

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

* In-Kind: Travel for event

SUBTOTAL of Receipts This Page (optional)

2635.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
07 / 27 / 2008

Transaction ID: C4025845

Amount of Each Receipt this Period
362.97

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

* In-Kind: Travel and Lodging

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 06 / 2008

Transaction ID: C4020125

Amount of Each Receipt this Period
2127.06

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

* In-Kind: Expenses Reimbursement

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 07 / 2008

Transaction ID: C4013781

Amount of Each Receipt this Period
1333.02

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

* In-Kind: Event catering

SUBTOTAL of Receipts This Page (optional) ► **3823.05**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: C4014296

Amount of Each Receipt this Period
237.57

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

* In-Kind: Hotel for event

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 10 / 2008

Transaction ID: C4025838

Amount of Each Receipt this Period
364.32

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

* In-Kind: Travel and Lodging

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: C4020115

Amount of Each Receipt this Period
182.16

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

* In-Kind: Travel and Lodging

SUBTOTAL of Receipts This Page (optional) ► **784.05**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

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

Transaction ID: C4025792

Amount of Each Receipt this Period
168.00

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

* In-Kind: Postage

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

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

Transaction ID: C4020072

Amount of Each Receipt this Period
150.00

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

* In-Kind: Space rental for event

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

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

Transaction ID: C4020077

Amount of Each Receipt this Period
274.68

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

* In-Kind: Supplies

SUBTOTAL of Receipts This Page (optional) ► **592.68**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
08 / 31 / 2008

Transaction ID: C4025837

Amount of Each Receipt this Period
205.04

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

* In-Kind: Travel and Lodging

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
09 / 02 / 2008

Transaction ID: C4020074

Amount of Each Receipt this Period
79.12

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

* In-Kind: Supplies

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: C4025809

Amount of Each Receipt this Period
365.72

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

* In-Kind: Literature

SUBTOTAL of Receipts This Page (optional) ► **649.88**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 91

(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt 09 / 08 / 2008

Transaction ID: C4014268

Amount of Each Receipt this Period 1296.75

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

* In-Kind: Travel for event

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt 09 / 09 / 2008

Transaction ID: C4013790

Amount of Each Receipt this Period 500.00

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

* In-Kind: Space rent for event

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Recruit's Depot Co-Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 286365.32

Date of Receipt 09 / 11 / 2008

Transaction ID: C4020113

Amount of Each Receipt this Period 113.25

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

* In-Kind: Travel and Lodging

SUBTOTAL of Receipts This Page (optional) 1910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: C4025847

Amount of Each Receipt this Period
426.54

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

* In-Kind: Travel and Lodging

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2008

Transaction ID: C4013788

Amount of Each Receipt this Period
110.28

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

* In-Kind: Accomodation for event

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: C4013785

Amount of Each Receipt this Period
475.29

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

* In-Kind: Whip event

SUBTOTAL of Receipts This Page (optional) ► **1012.11**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: C4025840

Amount of Each Receipt this Period
659.17

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

* In-Kind: Travel and Lodging

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2008

Transaction ID: C4013736

Amount of Each Receipt this Period
401.04

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

* In-Kind: Travel

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2008

Transaction ID: C4013741

Amount of Each Receipt this Period
211.68

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

* In-Kind: Travel

SUBTOTAL of Receipts This Page (optional) ► **1271.89**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2008

Transaction ID: C4025841

Amount of Each Receipt this Period
256.48

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

* In-Kind: Travel and Lodging

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2008

Transaction ID: C4020112

Amount of Each Receipt this Period
493.68

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

* In-Kind: Travel and Lodging

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

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2008

Transaction ID: C4025810

Amount of Each Receipt this Period
400.43

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

* In-Kind: Literature

SUBTOTAL of Receipts This Page (optional) ► **1150.59**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial) James Mosteller		Date of Receipt MM / DD / YYYY 07 / 29 / 2008	
Mailing Address 1602 Huckleberry Dr.		Transaction ID: C3958510	
City Aiken	State SC	Zip Code 29803	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Mosteller Law Firm LLC	Occupation Counselor	Election Cycle-to-Date 1250.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) J. Marvin Mullis, Jr.		Date of Receipt MM / DD / YYYY 08 / 07 / 2008	
Mailing Address Post Office Box 7757		Transaction ID: C3974975	
City Columbia	State SC	Zip Code 29202-7757	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Mullis Law Firm	Occupation Attorney	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Pamela R. Mullis		Date of Receipt MM / DD / YYYY 08 / 21 / 2008	
Mailing Address 2907 Wheat Street		Transaction ID: C3981175	
City Columbia	State SC	Zip Code 29205	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mullis Law Firm	Occupation attorney	Election Cycle-to-Date 600.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Alex Murdaugh

Mailing Address Box 457

City State Zip Code
Hampton SC 29924

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

Name of Employer Occupation
Peters, Murdaugh, Parker, Eitzroth, & Lawyer

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2008

Transaction ID: C4017788

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Brian Nagle

Mailing Address 1013 S Carolina Ave SE

City State Zip Code
Washington DC 20003-2147

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

Name of Employer Occupation
PhRMA Senior Director, Federal Affairs

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2008

Transaction ID: C4011077

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
charles negaro

Mailing Address 189 E Rock Rd

City State Zip Code
New Haven CT 06511-1325

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

Name of Employer Occupation
self business owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2008

Transaction ID: C4005418

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 91
(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
							15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
John S. Nichols

Mailing Address 1409 Devonshire Dr.

City Columbia State SC Zip Code 29204

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

Name of Employer Bluestein, Nichols, Thompson & Delgado Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2008

Transaction ID: C3998381

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Allie Perry

Mailing Address 247 St Ronan St

City New Haven State CT Zip Code 06511

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

Name of Employer Self Occupation Pastoral Counselor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2008

Transaction ID: C4005373

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Celia Ponvert

Mailing Address 339 St. Ronan St.

City New Haven State CT Zip Code 06511

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2008

Transaction ID: C4005371

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Andrew Prior

Mailing Address 398 Graham Ave

City State Zip Code
Brooklyn NY 11211-2424

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

Name of Employer Occupation
Balber Pickard Maldonado & Van Der Tui Attorney

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C4019751

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Michael Quinn

Mailing Address 41 Buena Vista Drive

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Time Warner Cable Lawyer

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

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: C4002869

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Kim Anderson Ray

Mailing Address Anderson and Associates
302 Park Avenue, Southeast

City State Zip Code
Aiken SC 29801

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

Name of Employer Occupation
Anderson & Associates of Aiken Attorney

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

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: C4006700

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Gail N Richardson

Mailing Address 449 Heathwood St

City State Zip Code
Barnwell SC 29812-8221

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

Name of Employer N/A Occupation Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: C4008023

Amount of Each Receipt this Period
1300.00

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

B. Full Name (Last, First, Middle Initial)
Matthew T Richardson

Mailing Address 718 Heidt St

City State Zip Code
Columbia SC 29205-1702

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

Name of Employer Wyche Burgess Occupation Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2008

Transaction ID: C3988685

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Margaret Rubega

Mailing Address 470 S Eagleville Rd

City State Zip Code
Storrs Mansfield CT 06268-1820

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

Name of Employer University of Connecticut Occupation Professor

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: C4005375

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 91

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Alexander Sanders

Mailing Address 19 Water Street

City Charleston State SC Zip Code 29401

FEC ID number of contributing federal political committee. C

Name of Employer College of Charleston Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998421

Amount of Each Receipt this Period 1000.00

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

B.

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

Mailing Address 45 Isaac Davis Rd

City Concord State MA Zip Code 01742

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2008

Transaction ID: C4005376

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Joel Smith, III

Mailing Address 120 Edisto Ave

City Columbia State SC Zip Code 29205-3012

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2008

Transaction ID: C4002794

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Von Snelgrove
Mailing Address 530 West Rd
City Aiken State SC Zip Code 29801-8104
FEC ID number of contributing federal political committee. **C**
Name of Employer Johnson, Johnson, Whittle & Snelgrove Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 16 / 2008
Transaction ID: C4006686
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan Steif
Mailing Address 1012 Oakleaf Circle
City Blythewood State SC Zip Code 29016
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 07 / 30 / 2008
Transaction ID: C3958927
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mitchell Story
Mailing Address 3025 Ontario Road NW #506
City Washington State DC Zip Code 20009
FEC ID number of contributing federal political committee. **C**
Name of Employer Long & Foster Occupation Realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 08 / 2008
Transaction ID: C3999344
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 91
(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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial) Samuel Tenenbaum		Date of Receipt MM / DD / YYYY 07 / 10 / 2008
Mailing Address 353 Blue Heron Ct		Transaction ID: C3944930
City Lexington	State SC	Zip Code 29072-9416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation Steel Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

B.

Full Name (Last, First, Middle Initial) Geri Thoma Lemert		Date of Receipt MM / DD / YYYY 09 / 05 / 2008
Mailing Address 199 Lawrence Street		Transaction ID: C3997922
City New Haven	State CT	Zip Code 06511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Elaien Markson Agency	Occupation Literary Agency	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) George Thrush		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
Mailing Address 17 Tufts Street		Transaction ID: C3982772
City Cambridge	State MA	Zip Code 02139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Northeastern University	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
George Thrush
Mailing Address 17 Tufts Street
City Cambridge State MA Zip Code 02139
FEC ID number of contributing federal political committee. C
Name of Employer Northeastern University Occupation Professor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 09 / 02 / 2008
Transaction ID: C3988869
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
john vournakis
Mailing Address 23 Lowndes Pointe Dr
City Charleston State SC Zip Code 29403-3260
FEC ID number of contributing federal political committee. C
Name of Employer MPT Occupation VP R&D
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 29 / 2008
Transaction ID: C3988304
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas White
Mailing Address 6920 Ayr Lane
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. C
Name of Employer Wilmer Cutler Pickering Hale and Dorr Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 08 / 30 / 2008
Transaction ID: C3988682
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 91
	(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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Brian Winslow		Date of Receipt
	Mailing Address 16 Jasper Ln		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Beaufort	SC	29907-1917
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer MALPHRUS CONST		Occupation ENGINEER
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: C4014654
			Amount of Each Receipt this Period
			<input type="text" value="250.00"/>
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="67416.82"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address P.O. Box 382110
City State Zip Code
Cambridge MA 02238
FEC ID number of contributing federal political committee. **C** C00401224
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
144.07
Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8
Transaction ID: C3974999
Amount of Each Receipt this Period
48.02
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BRIDGE PAC James E. Clyburn Honorary Chair
Mailing Address 499 S Capitol St. SW
STE. 412
City State Zip Code
Washington DC 20003-4009
FEC ID number of contributing federal political committee. **C** C00399196
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
5000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8
Transaction ID: C4004986
Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Committee for a Democratic Future
Mailing Address 25 Roydon Road
City State Zip Code
New Haven CT 06511
FEC ID number of contributing federal political committee. **C** C00370122
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8
Transaction ID: C4018152
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6048.02**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Jim Clyburn
Mailing Address 501 Juniper Street
City Columbia State SC Zip Code 29203
FEC ID number of contributing federal political committee. **C** C00255562
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 09 / 08 / 2008
Transaction ID: C4004994
Amount of Each Receipt this Period: 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Spratt for Congress Committee Operating Accou
Mailing Address PO Box 10986
City Rock Hill State SC Zip Code 29731
FEC ID number of contributing federal political committee. **C** C00155796
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 09 / 09 / 2008
Transaction ID: C4004996
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NCEC
Mailing Address 122 C STREET NW SUITE 650
City WASHINGTON State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00003558
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: 08 / 12 / 2008
Transaction ID: C3975617
Amount of Each Receipt this Period: 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* In-Kind: Precinct and Demographic Targeting

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 91	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial) Transportation Workers Union		Date of Receipt
Mailing Address 1700 Broadway, 2nd Floor		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
City	State	Zip Code
New York	NY	10019-5905
FEC ID number of contributing federal political committee.		Transaction ID: C4018093
<input type="text" value="C"/> <input type="text" value="C00008268"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14048.02"/>

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

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

FOR LINE NUMBER: PAGE 53 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2008

Transaction ID: C4012845

Amount of Each Receipt this Period
40000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Mailing Address 7 Fraser Street

City State Zip Code
Ladys Island SC 29907

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

Name of Employer Occupation
The Recruit's Depot Co-Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C4017669

Amount of Each Receipt this Period
20000.00

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

SUBTOTAL of Receipts This Page (optional) ► **60000.00**

TOTAL This Period (last page this line number only) ► **60000.00**

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

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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Carey Campbell

Mailing Address 3900 Bentley Court, #218

City Columbia State SC Zip Code 29218

Purpose of Disbursement
Grass roots organization

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D192125
Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Fundraising consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D192126
Date of Disbursement

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

Amount of Each Disbursement this Period

6500.00

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

C.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Reimbursement of Expenses

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D194382
Date of Disbursement

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

Amount of Each Disbursement this Period

2127.06

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

SUBTOTAL of Disbursements This Page (optional) ►

10127.06

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Caroline McNulty, Inc.

Mailing Address PO Box 680453

City Marietta State GA Zip Code 30068

Purpose of Disbursement
Fundraising Consulting Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D195722
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
EMBARQ

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296

Purpose of Disbursement
Phone and Internet

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D198456
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Amount of Each Disbursement this Period

427.41

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

C.

Full Name (Last, First, Middle Initial)
EMBARQ

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296

Purpose of Disbursement
Phone and Internet

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D194297
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Amount of Each Disbursement this Period

168.97

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

SUBTOTAL of Disbursements This Page (optional) ►

2596.38

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
EMBARQ

Mailing Address PO Box 96064

City Charlotte State NC Zip Code 28296

Purpose of Disbursement

Phone and Internet

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D189224

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

171.70

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

B.

Full Name (Last, First, Middle Initial)
Hamilton Campaigns

Mailing Address 4201 Connecticut Ave NW
Suite 610

City Washington State DC Zip Code 20008

Purpose of Disbursement

Poll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D189150

Date of Disbursement

07 / 03 / 2008

Amount of Each Disbursement this Period

8950.00

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

C.

Full Name (Last, First, Middle Initial)
Hamilton Campaigns

Mailing Address 4201 Connecticut Ave NW
Suite 610

City Washington State DC Zip Code 20008

Purpose of Disbursement

Research Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D197005

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

11621.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial) Hamilton Campaigns Mailing Address 4201 Connecticut Ave NW Suite 610 City Washington State DC Zip Code 20008 Purpose of Disbursement Travel Expenses Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D197006 Date of Disbursement 09 / 09 / 2008
	Amount of Each Disbursement this Period 2783.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Lucas Hitt Mailing Address 1328 Lawrence St NE City Washington State DC Zip Code 20017-4029 Purpose of Disbursement Fundraising Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D192885 Date of Disbursement 07 / 23 / 2008
	Amount of Each Disbursement this Period 906.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

C. Full Name (Last, First, Middle Initial) Irmo Okra Strut Mailing Address PO Box 212334 City Columbia State SC Zip Code 29221 Purpose of Disbursement Parade Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D197010 Date of Disbursement 09 / 04 / 2008
	Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3789.67
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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Manse Management Company	Transaction ID: D195725 Date of Disbursement 08 / 28 / 2008
	Mailing Address PO Box 6300	Amount of Each Disbursement this Period 500.00
	City Beaufort State SC Zip Code 29901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Manse Management Company	Transaction ID: D189851 Date of Disbursement 07 / 07 / 2008
	Mailing Address PO Box 6300	Amount of Each Disbursement this Period 500.00
	City Beaufort State SC Zip Code 29901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Manse Management Company	Transaction ID: D189852 Date of Disbursement 07 / 07 / 2008
	Mailing Address PO Box 6300	Amount of Each Disbursement this Period 500.00
	City Beaufort State SC Zip Code 29901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Manse Management Company

Mailing Address PO Box 6300

City Beaufort State SC Zip Code 29901

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D194315
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Campaign Management Consulting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D195720
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Amount of Each Disbursement this Period

3500.00

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

C.

Full Name (Last, First, Middle Initial)
McIntosh Consulting, LLC

Mailing Address 1803 Bowens Island Road

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Web Page Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D195721
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ►

4100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC	Transaction ID: D189146 Date of Disbursement 07 / 03 / 2008
	Mailing Address 1803 Bowens Island Road	Amount of Each Disbursement this Period 5000.00
	City Charleston State SC Zip Code 29412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Management Consulting Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC	Transaction ID: D189147 Date of Disbursement 07 / 03 / 2008
	Mailing Address 1803 Bowens Island Road	Amount of Each Disbursement this Period 100.00
	City Charleston State SC Zip Code 29412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web Page Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC	Transaction ID: D194289 Date of Disbursement 07 / 21 / 2008
	Mailing Address 1803 Bowens Island Road	Amount of Each Disbursement this Period 3500.00
	City Charleston State SC Zip Code 29412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Management Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8600.00
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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC <hr/> Mailing Address 1803 Bowens Island Road <hr/> City Charleston State SC Zip Code 29412 <hr/> Purpose of Disbursement Web Page Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D194290 Date of Disbursement 07 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC <hr/> Mailing Address 1803 Bowens Island Road <hr/> City Charleston State SC Zip Code 29412 <hr/> Purpose of Disbursement Web Page Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199584 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) McIntosh Consulting, LLC <hr/> Mailing Address 1803 Bowens Island Road <hr/> City Charleston State SC Zip Code 29412 <hr/> Purpose of Disbursement Campaign Management Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199585 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 91

<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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Ashley E Medbery

Mailing Address 3310 Duncan Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement
Finance Staffing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D194293

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

3000.00

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

B.

Full Name (Last, First, Middle Initial)
Ashley E Medbery

Mailing Address 3310 Duncan Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement
Travel and Expenses Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D194295

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

70.00

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

C.

Full Name (Last, First, Middle Initial)
Ashley E Medbery

Mailing Address 3310 Duncan Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement
Finance Staffing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D195717

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional)

6070.00

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)
Rob Miller for Congress

<p>A. Full Name (Last, First, Middle Initial) Ashley E Medbery</p> <p>Mailing Address 3310 Duncan Street</p> <p>City Columbia State SC Zip Code 29205</p> <p>Purpose of Disbursement Travel and Expenses Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D195718 Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 182.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Robert Lauransom Miller</p> <p>Mailing Address 7 Fraser Street</p> <p>City Ladys Island State SC Zip Code 29907</p> <p>Purpose of Disbursement Event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D198466 Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1333.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>C. Full Name (Last, First, Middle Initial) Robert Lauransom Miller</p> <p>Mailing Address 7 Fraser Street</p> <p>City Ladys Island State SC Zip Code 29907</p> <p>Purpose of Disbursement Space rent for event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D198471 Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2015.46

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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198472 Date of Disbursement 09 / 23 / 2008 Amount of Each Disbursement this Period 475.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198473 Date of Disbursement 09 / 16 / 2008 Amount of Each Disbursement this Period 110.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198511 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period 1296.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶	1882.32
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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D198512
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

395.16

Purpose of Disbursement
Travel and Lodging

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D198513
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

1045.50

Purpose of Disbursement
Travel and Lodging

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D198514
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

237.57

Purpose of Disbursement
Travel and Lodging

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

SUBTOTAL of Disbursements This Page (optional)

1678.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and hotel for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198515 Date of Disbursement 07 / 11 / 2008 Amount of Each Disbursement this Period 2520.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199663 Date of Disbursement 09 / 26 / 2008 Amount of Each Disbursement this Period 493.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199664 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 113.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶	3127.57
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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199665 Date of Disbursement 08 / 27 / 2008 Amount of Each Disbursement this Period 241.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199666 Date of Disbursement 08 / 15 / 2008 Amount of Each Disbursement this Period 182.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Travel and Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199667 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 1045.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶

1469.31

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)

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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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Expenses Reimbursement Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D199670 Date of Disbursement 08 / 06 / 2008 Amount of Each Disbursement this Period 2127.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Postage Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D200075 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 168.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received
C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street City Ladys Island State SC Zip Code 29907 Purpose of Disbursement Literature Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: D200078 Date of Disbursement 07 / 10 / 2008 Amount of Each Disbursement this Period 365.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ▶

2660.37

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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200079
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

365.72

Purpose of Disbursement
Literature

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200080
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	8

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

400.43

Purpose of Disbursement
Literature

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200087
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

398.82

Purpose of Disbursement
Travel and Lodging

Category/Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

SUBTOTAL of Disbursements This Page (optional)

1164.97

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200092
Date of Disbursement

Mailing Address 7 Fraser Street

08 / 10 / 2008

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel and Lodging

364.32

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* In-Kind Received

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200093
Date of Disbursement

Mailing Address 7 Fraser Street

09 / 23 / 2008

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel and Lodging

659.17

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* In-Kind Received

State: District:

C.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D200094
Date of Disbursement

Mailing Address 7 Fraser Street

09 / 25 / 2008

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel and Lodging

256.48

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* In-Kind Received

State: District:

SUBTOTAL of Disbursements This Page (optional)

1279.97

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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D200095 Date of Disbursement 07 / 27 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 362.97
	City Ladys Island State SC Zip Code 29907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel and Lodging	* In-Kind Received
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D200096 Date of Disbursement 09 / 12 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 426.54
	City Ladys Island State SC Zip Code 29907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel and Lodging	* In-Kind Received
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D199645 Date of Disbursement 08 / 21 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 150.00
	City Ladys Island State SC Zip Code 29907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Space rental for event	* In-Kind Received
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	939.51
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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D199646 Date of Disbursement 09 / 02 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 79.12
	City Ladys Island State SC Zip Code 29907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* In-Kind Received

B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D199647 Date of Disbursement 08 / 22 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 420.00
	City Ladys Island State SC Zip Code 29907	<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
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* In-Kind Received

C.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D199648 Date of Disbursement 08 / 21 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 274.68
	City Ladys Island State SC Zip Code 29907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)	773.80
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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D198458
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

401.04

Purpose of Disbursement
Travel and Lodging

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Lauransom Miller

Transaction ID: D198459
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

City State Zip Code
Ladys Island SC 29907

Amount of Each Disbursement this Period

211.68

Purpose of Disbursement
Travel and Lodging

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

C.

Full Name (Last, First, Middle Initial)
NCEC

Transaction ID: D194366
Date of Disbursement

Mailing Address 122 C STREET NW SUITE 650

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

City State Zip Code
WASHINGTON DC 20001

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Precinct and Demographic Targeting

--

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

Candidate Name
NCEC

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

* In-Kind Received

State: District:

SUBTOTAL of Disbursements This Page (optional)

3612.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) NGP	Transaction ID: D195746 Date of Disbursement 08 / 28 / 2008
	Mailing Address 1225 Eye Street NW Suite 1225	Amount of Each Disbursement this Period 2100.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NGP	Transaction ID: D197004 Date of Disbursement 09 / 09 / 2008
	Mailing Address 1225 Eye Street NW Suite 1225	Amount of Each Disbursement this Period 2100.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patrick Norton	Transaction ID: D189148 Date of Disbursement 07 / 03 / 2008
	Mailing Address 1093 Quail Lane	Amount of Each Disbursement this Period 500.00
	City Lugoff State SC Zip Code 29078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Press Secretary Consulting Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4700.00
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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Patrick Norton Mailing Address 1093 Quail Lane City Lugoff State SC Zip Code 29078 Purpose of Disbursement Travel Expense Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D189149 Date of Disbursement 07 / 03 / 2008 Amount of Each Disbursement this Period 335.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Omega Graphics Mailing Address PO Box 23213 City Hilton Head Island State SC Zip Code 29925 Purpose of Disbursement Direct mail production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198457 Date of Disbursement 09 / 24 / 2008 Amount of Each Disbursement this Period 2132.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Omega Graphics Mailing Address PO Box 23213 City Hilton Head Island State SC Zip Code 29925 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D198465 Date of Disbursement 09 / 22 / 2008 Amount of Each Disbursement this Period 1237.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3706.27

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D199649</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D199650</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 14.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D199651</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 42.14</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) ▶

60.99

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)
Rob Miller for Congress

A. Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199652 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 149.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
B. Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D199653 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 84.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
C. Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D202374 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 19.82
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	253.53
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)
Rob Miller for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D194303</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 157.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D194304</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 0.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SC Bank & Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D194305</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 4.89</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) ►

162.74

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)

<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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Transaction ID: D194306
Date of Disbursement

Mailing Address PO Box 1287

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	8

City Orangeburg State SC Zip Code 29116

Amount of Each Disbursement this Period

10.85

Purpose of Disbursement
Bank Fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Transaction ID: D194307
Date of Disbursement

Mailing Address PO Box 1287

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

City Orangeburg State SC Zip Code 29116

Amount of Each Disbursement this Period

175.51

Purpose of Disbursement
Bank Fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SC Bank & Trust

Transaction ID: D194308
Date of Disbursement

Mailing Address PO Box 1287

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City Orangeburg State SC Zip Code 29116

Amount of Each Disbursement this Period

156.06

Purpose of Disbursement
Bank Fee

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

342.42

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D194309 Date of Disbursement 08 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 0.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D194310 Date of Disbursement 08 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 7.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) SC Bank & Trust <hr/> Mailing Address PO Box 1287 <hr/> City Orangeburg State SC Zip Code 29116 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D194311 Date of Disbursement 08 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 8.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

16.79

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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) SC Bank & Trust	Transaction ID: D194312 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 43.88
	City Orangeburg State SC Zip Code 29116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SCE&G	Transaction ID: D195719 Date of Disbursement 08 / 28 / 2008
	Mailing Address Box 1168 108 Robert Smalls Pkwy	Amount of Each Disbursement this Period 60.68
	City Beaufort State SC Zip Code 29901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCE&G	Transaction ID: D194291 Date of Disbursement 07 / 21 / 2008
	Mailing Address Box 1168 108 Robert Smalls Pkwy	Amount of Each Disbursement this Period 59.41
	City Beaufort State SC Zip Code 29901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	163.97
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)
Rob Miller for Congress

<p>A. Full Name (Last, First, Middle Initial) SCE&G</p> <p>Mailing Address Box 1168 108 Robert Smalls Pkwy</p> <p>City Beaufort State SC Zip Code 29901</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D189223</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 43.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) SCE&G</p> <p>Mailing Address Box 1168 108 Robert Smalls Pkwy</p> <p>City Beaufort State SC Zip Code 29901</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D199583</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 53.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Strategy Group</p> <p>Mailing Address 1606 20th Street NW Floor 3</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D189222</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 23219.62</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) ▶

23316.92

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)
Rob Miller for Congress

A.	Full Name (Last, First, Middle Initial) Theresa White	Transaction ID: D194288 Date of Disbursement 07 / 17 / 2008
	Mailing Address P. O. Box 278	Amount of Each Disbursement this Period 500.00
	City Saint Helena Islan State SC Zip Code 29920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Staffing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Theresa White	Transaction ID: D195723 Date of Disbursement 08 / 20 / 2008
	Mailing Address P. O. Box 278	Amount of Each Disbursement this Period 500.00
	City Saint Helena Islan State SC Zip Code 29920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Staffing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Theresa White	Transaction ID: D195724 Date of Disbursement 08 / 20 / 2008
	Mailing Address P. O. Box 278	Amount of Each Disbursement this Period 250.00
	City Saint Helena Islan State SC Zip Code 29920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1250.00
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)

PAGE 85 / 91

<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)
Rob Miller for Congress

A.

Full Name (Last, First, Middle Initial)
Theresa White

Mailing Address P. O. Box 278

City State Zip Code
Saint Helena Islan SC 29920

Purpose of Disbursement
Staffing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D199582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

1500.00

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

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

108701.67

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 86 / 91
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 Rob Miller for Congress

Transaction ID: L433

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Lauransom Miller, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7 Fraser Street	
City Ladys Island State SC ZIP Code 29907	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2008	12/31/2020	.0000 % (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) Robert Lauransom Miller	Name of Employer The Recruit's Depot
Mailing Address 7 Fraser Street	Occupation Co-Owner
City Ladys Island State SC ZIP Code 29907	Amount Guaranteed Outstanding: 60000.00
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)	60000.00
TOTALS This Period (last page in this line only)00

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 87 / 91
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 Rob Miller for Congress

Transaction ID: L474

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Lauransom Miller, PERS FUNDS - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7 Fraser Street	
City Ladys Island State SC ZIP Code 29907	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 21 Y Y Y Y 2008	05/21/2020	.0000 % (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)	40000.00
TOTALS This Period (last page in this line only)00

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Rob Miller for Congress

Transaction ID: L505

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Lauransom Miller, PERS FUNDS - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7 Fraser Street	
City Ladys Island State SC ZIP Code 29907	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 6 D D 3 0 Y Y Y Y 2 0 0 8	12/31/2015	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="10000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Rob Miller for Congress

Transaction ID: L524

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert Lauransom Miller, PERS FUNDS - [PERSON-
AL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred: MM DD YY Y Y Y Y 09 30 2008
 Date Due: 10/15/2020
 Interest Rate: .0000 % (apr)
 Secured: Yes 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)	<input type="text" value="20000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Rob Miller for Congress

Transaction ID: L525

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert Lauransom Miller, PERS FUNDS - [PERSON-AL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7 Fraser Street	
City Ladys Island State SC ZIP Code 29907	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 9 D D 2 4 Y Y Y Y 2 0 0 8	10/15/2020	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="40000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="170000.00"/>

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

Image# 28993560091

Form/Schedule: **F3A**

Amended loan categorization

Transaction ID:
