

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 APR 29 PM 1:26

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

T o b y R o t h f o r C o n g r e s s ' 9 6 C o m m i t t e e

ADDRESS (number and street) 8 1 5 0 L e e s b u r g P i k e  
Suite 840  
Check if different than previously reported. (ACC) V i e n n a V A 2 2 1 8 2

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 1 4 0 3 8 0

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	
Election on	M M / D D / Y Y Y Y		in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Election on	M M / D D / Y Y Y Y		in the State of

5. Covering Period 0 7 / 0 1 / 2 0 0 7 through 1 2 / 3 1 / 2 0 0 7

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 Suzanne Roth

Signature of Treasurer *Suzanne Roth* Date 0 1 / 2 1 / 2 0 0 8

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

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

28039713340

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Toby Roth for Congress '98 Committee*

Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 7 1 2 / 3 1 / 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand <span style="margin-left: 100px;">Y Y Y Y</span> January 1, <span style="margin-left: 100px;">2 0 0 7</span>		2,761,281
(b) Cash on Hand at Beginning of Reporting Period.....	2,699,174	
(c) Total Receipts (from Line 19).....	,510,522	,103,210
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,750,226	2,864,491
7. Total Disbursements (from Line 31).....	4,200,000	5,342,655
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,330,226	2,330,226
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received .....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	5 1 0 5 2	1 0 3 2 1 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5 1 0 5 2	1 0 3 2 1 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5 1 0 5 2	1 0 3 2 1 0

28039713342

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		2,926.5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		2,926.5
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	2,250.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	3,200.00	5,300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,200.00	5,342.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,200.00	5,342.65

28039713343

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		2,9265
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		2,9265

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**Toby Roth for Congress '96 Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

<b>A. Thoroughbred Retirement Foundation</b>			M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7		
Mailing Address 9 Chestnut Drive					
City Matawan	State NJ	Zip Code 07747			
Purpose of Disbursement Donation		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			1 2 0 0 0 0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

<b>B. St. Peter and Paul Church</b>			M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7		
Mailing Address 502 2nd Street					
City Strasburg	State ND	Zip Code 58573			
Purpose of Disbursement Donation		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			1 0 0 0 0 0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

<b>C. St. Catherine of Siena Catholic Church</b>			M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7		
Mailing Address 1020 Springvale Road					
City Great Falls	State VA	Zip Code 22066			
Purpose of Disbursement Donation		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name			1 0 0 0 0 0		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3 2 0 0 0 0
TOTAL This Period (last page this line number only).....▶	3 2 0 0 0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
**Toby Roth for Congress '96 Committee**

Full Name (Last, First, Middle Initial) <b>A. Friends of Ginny Brown-Waite</b>			Date of Disbursement <b>9 18 2007</b>
Mailing Address PO Box 178			Amount of Each Disbursement this Period <b>500.00</b>
City Brooksville	State FL	Zip Code 34605	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Ginny Brown-Waite			
Office Sought: xx House Senate President	Disbursement For: xxx Primary General Other (specify) ▼		
State: Florida District: 5th			

Full Name (Last, First, Middle Initial) <b>B. Friends of Maurice Hinchey</b>			Date of Disbursement <b>9 18 2007</b>
Mailing Address 10 G Street, NE, Suite 470			Amount of Each Disbursement this Period <b>500.00</b>
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name Maurice Hinchey			
Office Sought: xx House Senate President	Disbursement For: XX Primary General Other (specify) ▼		
State: NY District: 22nd			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶
<b>TOTAL</b> This Period (last page this line number only).....▶

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
4/29/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 4/30/08  
**PREPARER** **DATE PREPARED**

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