



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Rob Bishop for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4500.00	4650.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4500.00	4650.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	21742.58	22108.55
(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)).....	21742.58	22108.55
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>104871.56</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>51981.78</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Rob Bishop for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**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).....

2700.00

2700.00

(ii) Unitemized.....

1800.00

1950.00

(iii) TOTAL of contributions

4500.00

4650.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

4500.00

4650.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

483.86

483.86

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

4983.86

5133.86

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	21742.58	22108.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	9000.00	9000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	9000.00	9000.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>30742.58</b>	<b>31108.55</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130630.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	4983.86
25. SUBTOTAL (add Line 23 and Line 24).....	135614.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30742.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	104871.56

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 17
	<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 Bishop for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Anderson Mailing Address Box 241 City Fillmore State UT Zip Code 84631 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10588 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Farmer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Heber Carpenter Mailing Address 991 Ottlay Ln City Elba State ID Zip Code 83342 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10568 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Raft River Rural Electric Coop Occupation Asst Manager Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John Gaskill Mailing Address 358 S Rio Grande City Salt Lake City State UT Zip Code 84101 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.10584 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Amsource Occupation Board Chairman Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 17	
	(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 Bishop for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kevin Howard

Mailing Address 198 Wood Hill Lane

City State Zip Code  
North Salt Lake UT 84054

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

Name of Employer  
Howard, Phillips, & Andersen

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Convention

Election Cycle-to-Date ▼  
2008.00

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

Transaction ID: SA11A1.10586

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Rob Bishop for Congress

Full Name (Last, First, Middle Initial)  
**A.** America First Credit Union

Mailing Address PO Box 9199

City Ogden State UT Zip Code 84409

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

Transaction ID: SA15.10566

Amount of Each Receipt this Period  

483.86
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>483.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>483.86</b>

**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 Bishop for Congress

Full Name (Last, First, Middle Initial) <b>A. ROBERT BISHOP</b>		<b>Transaction ID:</b> SB17.10564 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 74 NORTH 300 EAST		Amount of Each Disbursement this Period 2967.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BRIGHAM CITY State UT Zip Code 84302	Purpose of Disbursement reimbursement - gotv calls Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular AT&amp;T Wireless</b>		<b>Transaction ID:</b> SB17.10552 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address P O Box 78224		Amount of Each Disbursement this Period 90.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pheonix State AZ Zip Code 85062	Purpose of Disbursement Wireless Phone Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hill Properties</b>		<b>Transaction ID:</b> SB17.10555 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 200 W Parrish Ln		Amount of Each Disbursement this Period 9010.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Centerville State UT Zip Code 84014	Purpose of Disbursement Office Space Lease Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12068.70
<b>TOTAL</b> 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 Bishop for Congress

Full Name (Last, First, Middle Initial) <b>A. Tom Kotter</b>		<b>Transaction ID:</b> SB17.10557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 92 N Marie Dr		Amount of Each Disbursement this Period 2000.00	
City Brigham City	State UT	Zip Code 84302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Contract Labor - Campaign/Field Mngmnt		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Tom Kotter</b>		<b>Transaction ID:</b> SB17.10559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 92 N Marie Dr		Amount of Each Disbursement this Period 1164.45	
City Brigham City	State UT	Zip Code 84302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimbursement - rental car		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Scott Parker</b>		<b>Transaction ID:</b> SB17.10558 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 40 N State St #4H		Amount of Each Disbursement this Period 665.26	
City Salt Lake City	State UT	Zip Code 84103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimbursement - rental car		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3829.71</b>
<b>TOTAL</b> 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 10 / 17

<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 Bishop for Congress

<p><b>A. Qwest</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 2618</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement Phone Service/Long Distance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB17.10561</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Tanner Group Consulting</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 383 I St</p> <p>City Salt Lake City State UT Zip Code 84103</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID:</b> SB17.10565</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5360.52"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**5510.20**

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

**21408.61**

**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 11 / 17

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

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NAME OF COMMITTEE (In Full)  
Rob Bishop for Congress

Full Name (Last, First, Middle Initial) <b>A. Rob Bishop</b>		<b>Transaction ID:</b> SB19A.10562 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address PO Box 2002		Amount of Each Disbursement this Period 3000.00
City Bringham City State UT Zip Code 84302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan Repayment		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rob Bishop</b>		<b>Transaction ID:</b> SB19A.10563 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address PO Box 2002		Amount of Each Disbursement this Period 6000.00
City Bringham City State UT Zip Code 84302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Loan Repayment		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	9000.00

SCHEDULE C (FEC Form 3 )

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 17
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Rob Bishop for Congress

**Transaction ID: SC/10.4556**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Rob Bishop, - Personal funds	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention
Mailing Address PO Box 2002	
City Brigham City State UT ZIP Code 84302	

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

**TERMS**

Date Incurred M M 0 2 D D 0 7 Y Y Y Y 2 0 0 2	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------------	------------------	----------------------------	---------------------------------------------------------------------------------

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 / 17
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Rob Bishop for Congress

**Transaction ID: SC/10.4557**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Rob Bishop, - Personal funds	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention
Mailing Address PO Box 2002	
City Brigham City State UT ZIP Code 84302	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	6000.00	9000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 12 Y Y Y Y 2002	none	0 % (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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>9000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / 17
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Rob Bishop for Congress

**Transaction ID: SC/10.5267**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Rob Bishop	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 2002	
City Brigham City State UT ZIP Code 84302	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	2000.00	38000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 18 Y Y Y Y 2002	6/18/2006	9.5 % (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) America First Credit Union	Name of Employer
Mailing Address PO Box 9199	Occupation
City Ogden State UT ZIP Code 84409	Amount Guaranteed Outstanding: 38000.00
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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>38000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>47000.00</b>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Rob Bishop for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied TeleServices	Nature of Debt (Purpose): GOTV calls
Mailing Address 1579 North Main	
City State ZIP Code Cedar City UT 84720	

Outstanding Balance Beginning This Period <input type="text" value="2859.20"/>	<b>Transaction ID: SD10.5735</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2859.20"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bridgerland Applied Technology College - Cafeteria	Nature of Debt (Purpose): catering services
Mailing Address 1301 North 600 West	
City State ZIP Code Logan UT 84321	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: SD10.10593</b>	
Amount Incurred This Period <input type="text" value="2122.58"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2122.58"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4981.78"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="4981.78"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 27930298495

Form/Schedule: **SB17** This transaction is a reimbursement to Rob Bishop for \$2967.78 for a payment in that same amount initially made by him to TCN Broadcasting (560 S Valley View Dr, St George, UT 84770) on 11/08/2006 for automated GOTV calls.  
Transaction ID: **SB17.10564**

Form/Schedule: **SB17** This transaction is a reimbursement to Tom Kotter for \$1164.45 for a payment in that same amount initially made by him to Enterprise Rent A Car (962 S 500 W, Bountiful, UT 84010) on 11/01/2006 for the use of a rental vehicle.  
Transaction ID: **SB17.10559**

\*\*\*\*\*

Image# 27930298496

Form/Schedule: **SB17** This transaction is a reimbursement to Scott Parker for \$665.26 for a payment in that same amount initially  
Transaction ID: **SB17.10558** made by him to Hertz Rent A Car (775 N Terminal Dr, Salt Lake City, UT) on 11/08/2006 for the use of a rental  
vehicle.

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