

**FEC
FORM 3**

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

RECEIVED
FEC MAIL CENTER

Office Use Only
APR 19 PM 12:00

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

12FE4M5

ROBERTS, ELECTION COMMITTEE

ADDRESS (number and street)

PO BOX 87

Check if different than previously reported. (ACC)

PILOT MOUNTAIN NC 27041-0087

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00606848

3. IS THIS REPORT



NEW (N) OR



AMENDED (A)

STATE ▼ DISTRICT

NC 05

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

NC

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

NC

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

JAMES H. ROBERTS

Signature of Treasurer

James H. Roberts

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only									
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

ROBERTS ELECTION COMMITTEE

Report Covering the Period: From:

01 01 2016

To:

03 31 2016

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))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

0

0

0

1,839.00

0

1,839.00

7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17)
- (b) Total Offsets to Operating Expenditures (from Line 14)
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))

16,571.69

0

16,571.69

20,038.01

0

20,038.01

8. Cash on Hand at Close of Reporting Period (from Line 27)

9,540.88

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

27,739.99

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

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

ROBERTS ELECTION COMMITTEE

Report Covering the Period: From:

01 01 2016

To:

03 31 2016

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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

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

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0
0
0
0
0
0

0
0
0
0
1,839.00
1,839.00

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

0

0

13. LOANS:

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

(b) All Other Loans.....

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

2,739.99
0
2,739.99

2,739.99
0
2,739.99

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

0

0

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

0

0

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

2,739.99

2,739.99

UNFINISHED WORK - DO NOT DESTROY

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

16,571.69

20,038.01

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

0

0

19. LOAN REPAYMENTS:

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

0

0

(b) Of All Other Loans.....

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

0

(b) Political Party Committees.....

0

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

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

21. OTHER DISBURSEMENTS.....

0

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

16,571.69

20,038.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

23,372.68

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

2,739.99

25. SUBTOTAL (add Line 23 and Line 24).....

26,112.67

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

16,571.69

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

9,540.88

CONFIDENTIAL - NOT FOR DISSEMINATION

**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 2 OF 8

<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)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

BANK MERCHANT CHARGES

Mailing Address

None Given

City

UNKNOWN

State

Zip Code

Purpose of Disbursement

Candidate Name

Jim Roberts

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *NC*

District: *05*

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 05 / 2016

Amount of Each Disbursement this Period

100.00

DDI

Category/
Type

Memo Item

B.

CITY OF MOUNT AIRY

Mailing Address

PO BOX 1775

City

MT-AIRY

State

NC

Zip Code

27030

Purpose of Disbursement

UTILITIES - WATER

Candidate Name

JIM ROBERTS

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *NC*

District: *05*

Full Name (Last, First, Middle Initial)

Date of Disbursement

01 / 14 / 2016

Amount of Each Disbursement this Period

1930

DDI

Category/
Type

Memo Item

C.

DUKE ENERGY

Mailing Address

PO BOX 70516

City

CHARLOTTE

State

NC

Zip Code

28272

Purpose of Disbursement

UTILITIES - ELECTRICITY DEPOSIT

Candidate Name

JIM ROBERTS

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: *NC*

District: *05*

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

01 / 06 / 2016

Amount of Each Disbursement this Period

5500

DDI

Category/
Type

Memo Item

17430

**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 3 OF 8
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20	

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

A. INTERNATIONAL MINUTE PRESS

Full Name (Last, First, Middle Initial)

Mailing Address: **3490 Reynolds Rd.**

City: **WINSTON-SALEM** State: **NC** Zip Code: **27106**

Purpose of Disbursement: **PRINTING - BROCHURE LABELS**

Candidate Name: **JIM ROBERTS** Category/Type: **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **05**

Date of Disbursement: **01/26/2016**

Amount of Each Disbursement this Period: **4687**

Memo Item

B. CHRISTENSEN & ASSOCIATES

Full Name (Last, First, Middle Initial)

Mailing Address: **322 A STREET SE**

City: **WASHINGTON** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **GENERAL CONSULTING**

Candidate Name: **JIM ROBERTS** Category/Type: **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **05**

Date of Disbursement: **01/29/2016**

Amount of Each Disbursement this Period: **300000**

Memo Item

C. SUAREZ BANK & TRUST

Full Name (Last, First, Middle Initial)

Mailing Address: **KEY ST.**

City: **PILOT MTN** State: **NC** Zip Code: **27041**

Purpose of Disbursement: **WIRE TRANSFER FEE**

Candidate Name: **JIM ROBERTS** Category/Type: **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **05**

Date of Disbursement: **01/29/2016**

Amount of Each Disbursement this Period: **1800**

Memo Item

SUBTOTAL of Disbursements This Page (optional) **306487**

TOTAL This Period (last page this line number only) **306487**

**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 4 OF 8

<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)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BANKCARD

Mailing Address: None Given

City: UNKNOWN State: _____ Zip Code: _____

Purpose of Disbursement: MERCHANT FEES

Candidate Name: JIM ROBERTS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 05

Date of Disbursement: 02/01/2016

Amount of Each Disbursement this Period: 3040

Category/Type: 001

Memo Item

B. CLIFFORD BOWMAN

Mailing Address: 2043 PRISON CAMP RD.

City: DOBSON, NC State: _____ Zip Code: 27017

Purpose of Disbursement: CLEAN-SET-UP OFFICE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 05

Date of Disbursement: 02/04/2016

Amount of Each Disbursement this Period: 15000

Category/Type: 001

Memo Item

C. DUKE ENERGY

Mailing Address: PO BOX 70516

City: CHARLOTTE NC State: _____ Zip Code: 28222

Purpose of Disbursement: UTILITIES - ELECTRICITY

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District: 05

Date of Disbursement: 02/04/2016

Amount of Each Disbursement this Period: 4570

Category/Type: 001

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

22610

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 <u>5</u> OF <u>8</u>			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial) *SANDERS ELECTRIC CO*

Mailing Address *Galloway ST*

City *MT-AIRY* State *NC* Zip Code *27030*

Purpose of Disbursement *REPAIR LIGHTS* Category/Type *001*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *02/06/2016*

Amount of Each Disbursement this Period: *384.00*

Memo Item

B. Full Name (Last, First, Middle Initial) *CITY OF MT-AIRY*

Mailing Address *PO BOX 1725*

City *MT-AIRY* State *NC* Zip Code *27030*

Purpose of Disbursement *UTILITIES - WATER* Category/Type *001*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *02/11/2016*

Amount of Each Disbursement this Period: *8.21*

Memo Item

C. Full Name (Last, First, Middle Initial) *DUKE ENERGY*

Mailing Address *PO BOX 70516*

City *CHARLOTTE* State *NC* Zip Code *28272*

Purpose of Disbursement *UTILITIES - ELECTRICITY* Category/Type *001*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *03/02/2016*

Amount of Each Disbursement this Period: *114.94*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *507.15*

TOTAL This Period (last page this line number only) *507.15*

UNLIMITED COPY - 1-800-424-9546

**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 6 OF 8			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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NAME OF COMMITTEE (In Full)
JIM ROBERTS

Full Name (Last, First, Middle Initial) <i>SUSAN HAMRIC</i>		Date of Disbursement 03/08/2010
Mailing Address <i>BANKY ST</i>		Amount of Each Disbursement this Period 100.00
City <i>MT-AIRY</i>	State <i>NC</i>	
Zip Code <i>27030</i>		<input type="checkbox"/> Memo Item <input checked="" type="checkbox"/> 001 Category/Type
Purpose of Disbursement <i>POLITICAL PHOTOS</i>		
Candidate Name <i>JIM ROBERTS</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>NC</i>	District: <i>05</i>	

Full Name (Last, First, Middle Initial) <i>CHRISTENSEN & ASSOCIATES</i>		Date of Disbursement 03/08/2010
Mailing Address <i>322 A STREET SW</i>		Amount of Each Disbursement this Period 6000.00
City <i>WASHINGTON</i>	State <i>DC</i>	
Zip Code <i>20003</i>		<input type="checkbox"/> Memo Item <input checked="" type="checkbox"/> 001 Category/Type
Purpose of Disbursement <i>WEB SITE GENERAL CONSULTING</i>		
Candidate Name <i>JIM ROBERTS</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>DC</i>	District: <i>05</i>	

Full Name (Last, First, Middle Initial) <i>SURETY BANK & TRUST</i>		Date of Disbursement 03/09/2010
Mailing Address <i>KEY ST.</i>		Amount of Each Disbursement this Period 18.00
City <i>PILOT MTN.</i>	State <i>NC</i>	
Zip Code <i>28041</i>		<input type="checkbox"/> Memo Item <input checked="" type="checkbox"/> 001 Category/Type
Purpose of Disbursement <i>WIRE TRANSFER</i>		
Candidate Name <i>JIM ROBERTS</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>NC</i>	District: <i>05</i>	

SUBTOTAL of Disbursements This Page (optional).....	6118.00
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 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) <i>A. City of Mt. Airy</i>		Date of Disbursement MM/DD/YYYY <i>03/11/2016</i>	
Mailing Address <i>PO Box 1725</i>		Amount of Each Disbursement this Period _____ <i>2394</i>	
City <i>Mt. Airy</i>	State <i>NC</i>	Zip Code <i>27030</i>	Category/Type <input checked="" type="checkbox"/> 001
Purpose of Disbursement <i>UTILITIES WATER</i>			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>NC</i>	District: <i>05</i>		

Full Name (Last, First, Middle Initial) <i>B. Susan Hamric</i>		Date of Disbursement MM/DD/YYYY <i>03/22/2016</i>	
Mailing Address <i>Barkly St.</i>		Amount of Each Disbursement this Period _____ <i>1300.00</i>	
City <i>Mt. Airy</i>	State <i>NC</i>	Zip Code <i>27030</i>	Category/Type <input checked="" type="checkbox"/> 001
Purpose of Disbursement <i>PHOTOS SESSION</i>			
Candidate Name <i>Jim Roberts</i>		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>NC</i>	District: <i>05</i>		

Full Name (Last, First, Middle Initial) <i>C. Duke Energy</i>		Date of Disbursement MM/DD/YYYY <i>03/19/2016</i>	
Mailing Address <i>PO Box 30516</i>		Amount of Each Disbursement this Period _____ <i>3331</i>	
City <i>Charlotte</i>	State <i>NC</i>	Zip Code <i>28272</i>	Category/Type <input type="checkbox"/>
Purpose of Disbursement <i>UTILITIES - ELECTRICITY</i>			
Candidate Name <i>Jim Roberts</i>		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>NC</i>	District: <i>05</i>		

SUBTOTAL of Disbursements This Page (optional).....▶	_____ <i>18705</i>
TOTAL This Period (last page this line number only).....▶	_____

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

LAST PAGE

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 8	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

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

Mailing Address **2107 ROCKFORD ST.**

City **MT-AIRY** State **NC** Zip Code **27030**

Purpose of Disbursement **CAMPAIGN BROCHURES** Memo Item

Candidate Name **JIM ROBERTS** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **05**

Date of Disbursement: **01 / 13 / 2016**

Amount of Each Disbursement this Period: **21666**

B. Full Name (Last, First, Middle Initial) **VAN'S ADVERTISING**

Mailing Address **3290 VAN DR.**

City **BURLINGTON** State **NC** Zip Code **27215**

Purpose of Disbursement **YARD SIGNS** Memo Item

Candidate Name **JIM ROBERTS** Category/Type **001**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District: **05**

Date of Disbursement: **02 / 10 / 2016**

Amount of Each Disbursement this Period: **252333**

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

Mailing Address

City State Zip Code

Purpose of Disbursement Memo Item

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ **273999**

TOTAL This Period (last page this line number only) ▶ **1657179**

LAST PAGE

20160110 10:01:00 AM

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>ROBERTS, JAMES H. PERSONAL FUNDS</i>	<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>694 CARSON ROAD</i>		

City <i>PILOT MOUNTAIN NC</i>	State <i>NC</i>	ZIP Code <i>27041</i>
----------------------------------	--------------------	--------------------------

Original Amount of Loan <i>2739.99</i>	Cumulative Payment To Date <i>0</i>	Balance Outstanding at Close of This Period <i>27739.99</i>
---	--	--

TERMS	Date Incurred <i>02 10 2016</i>	Date Due <i>02 10 2017</i>	Interest Rate <i>18.00</i> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	------------------------------------	-------------------------------	---------------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. 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).....	<i>2739.99</i>
TOTALS This Period (last page in this line only).....	<i>2739.99</i>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>ROBERTS, JAMES H.</i>	Nature of Debt (Purpose): <i>ELECTION CAMPAIGN EXPENSES</i>
Mailing Address <i>694 CARSON ROAD</i>	
City State Zip Code <i>ALLOT MOUNTAIN NC 27041</i>	

Outstanding Balance Beginning This Period <i>2500000</i>	Amount Incurred This Period <i>273999</i>	Payment This Period <i>0</i>	Outstanding Balance at Close of This Period <i>2723999</i>
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	<i>2500000</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<i>273999</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<i>2773999</i>

2010 RELEASE UNDER E.O. 14176

83 Election Committee

Mountain, NC

27041

POSTNET ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL



7015 0640 0000 9077 1302



1000



20463

U.S. POSTAGE
PAID
PILOT MOUNTAIN, NC
27041
APR 15, 16
AMOUNT
\$7.36
R2305K142642-07

Federal Election Commission

99 E Street N.W.

Washington, D.C.

20463

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