

# 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 02 16 2009

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	394679.12
(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	394679.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101860.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

284686.35

(ii) Unitemized.....

14700.00

27709.00

(iii) TOTAL of contributions

82116.82

312395.35

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

14048.02

14144.07

(d) The Candidate.....

0.00

0.00

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

96164.84

326539.42

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

60000.00

170000.00

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

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	108701.67	394679.12
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108701.67	394679.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54397.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	156164.84
25. SUBTOTAL (add Line 23 and Line 24).....	210561.97
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).....	101860.30

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 90

(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)  
Bruce Algar

Mailing Address 33 Landing Lane

City Bluffton State SC Zip Code 29909

FEC ID number of contributing federal political committee. C

Name of Employer Bank of America Occupation Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 08 / 13 / 2008

**Transaction ID:** C3975998

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)  
John Algar

Mailing Address 1014 Lansing Dr

City Mount Pleasant State SC Zip Code 29464

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 ▼ 2000.00

Date of Receipt 08 / 07 / 2008

**Transaction ID:** C3974972

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)  
John Algar

Mailing Address 1014 Lansing Dr

City Mount Pleasant State SC Zip Code 29464

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 ▼ 2000.00

Date of Receipt 09 / 04 / 2008

**Transaction ID:** C3998390

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) ..... 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 / 90
	<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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 / 90  
(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 P Beliles

Mailing Address 51 Headlands Dr

City State Zip Code  
Hilton Head Island SC 29926

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 / 26 / 2008

**Transaction ID:** C3983297

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Margaret Miles Bluestein

Mailing Address 60 Avian Trail

City State Zip Code  
Columbia SC 29206

FEC ID number of contributing federal political committee. C

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

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

Date of Receipt M M / D D / Y Y Y Y  
09 / 03 / 2008

**Transaction ID:** C3998385

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)  
Kent Book

Mailing Address PO Box 1

City State Zip Code  
Rush CO 80833-0001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A Student

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

Date of Receipt M M / D D / Y Y Y Y  
08 / 24 / 2008

**Transaction ID:** C3981919

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) ..... 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 / 90
	<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

<b>A.</b>	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. <b>C</b>		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>B.</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. <b>C</b>		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)

<b>C.</b>	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. <b>C</b>		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)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2750.00
<b>TOTAL</b> 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 9 / 90  
(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)  
Malissa Burnette

Mailing Address 2721 Wheat St

City Columbia State SC Zip Code 29205-2538

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

Name of Employer Burnette & Rothstein, P.A. Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2008

Transaction ID: C3974979

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)  
Steve Butaitis

Mailing Address 1491 Greenshade Way

City Mount Pleasant State SC Zip Code 29464

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

Name of Employer Mark C. Tanenbaum, P.A. Occupation Lawyer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2008

Transaction ID: C3998408

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)  
J. David Butler

Mailing Address 150 Wild Oaks Lane

City Aiken State SC Zip Code 29803

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

Name of Employer Richardson, Patrick, Westbrook & Brick Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2008

Transaction ID: C4006687

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 10 / 90  
(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  
M M / D D / Y Y Y Y  
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  
M M / D D / Y Y Y Y  
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  
M M / D D / Y Y Y Y  
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: (check only one)	PAGE 11 / 90
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Coker		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 19 Tradd Street		<b>Transaction ID:</b> C3998418
	City Charleston	State SC	Zip Code 29401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Crawford Cook		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 2700 Wheat Street		<b>Transaction ID:</b> C3975012
	City Columbia	State SC	Zip Code 29205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Cook & Associates	Occupation Consultant	<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 ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Cordray		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address PO Box 22857		<b>Transaction ID:</b> C3998425
	City Charleston	State SC	Zip Code 29413
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self	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 ▼ 3300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 12 / 90  
(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)  
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 / 28 / 2008

Transaction ID: C4018044

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)  
Ronnie L. Crosby

Mailing Address Post Office Box 457

City Hampton State SC Zip Code 29924-0457

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

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

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2008

Transaction ID: C4017804

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)  
R. Gordon Darby

Mailing Address 1503 Twilight Trl

City Mt Pleasant State SC Zip Code 29464-3917

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

Name of Employer Darby Development Occupation Real Estate Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2008

Transaction ID: C3975008

Amount of Each Receipt this Period 300.00

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

**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 / 90  
(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)  
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 / 90  
(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)  
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 / 90  
(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) ▼

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) ▼

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) ▼

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 / 90  
(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: <span style="float: right;">PAGE 17 / 90</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony L. Harbin</p> <p>Mailing Address 142 Graylyn Drive</p> <p>City Anderson State SC Zip Code 29621</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C3973492</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	0	8													
250.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dick A. Harpootlian</p> <p>Mailing Address 1410 Laurel Street PO Box 1090</p> <p>City Columbia State SC Zip Code 29202-1090</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">4600.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C3974989</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2300.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	8	2300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	1		2	0	0	8													
2300.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenny W Harrell</p> <p>Mailing Address 22 Saturday Rd.</p> <p>City Mount Pleasant State SC Zip Code 29464</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Joye Law Firm L.L.P. Occupation Attorney</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Transaction ID:</b> C3999954</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	3		2	0	0	8													
250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2800.00</b>
<b>TOTAL</b> 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 18 / 90  
(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 Harris

Mailing Address 601 Braxton PI

City State Zip Code  
Alexandria VA 22301-2703

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

Name of Employer Occupation  
Nuthar & Harris Consultant

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

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** C4013583

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)  
Willar Hightower

Mailing Address 682 Edrie Street, NE

City State Zip Code  
Aiken, SC 29801

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

Name of Employer Occupation  
WSRC-Retired Engineer

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

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

**Transaction ID:** C4006689

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)  
Anne Hitt

Mailing Address 1014 Lansing Dr.

City State Zip Code  
Mount Pleasant SC 29464

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  
MM / DD / YYYY  
09 / 04 / 2008

**Transaction ID:** C3998420

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) ..... ► **1600.00**

**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 19 / 90  
(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

Mailing Address 1328 Lawrence St NE

City Washington State DC Zip Code 20017-4029

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

Name of Employer U.S. Dept of Commerce Occupation Public Affairs

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 07 / 23 / 2008

Transaction ID: C3957949

Amount of Each Receipt this Period: 906.03

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

\* In-Kind: Fundraising Event

**B.**

Full Name (Last, First, Middle Initial)  
Lucas Hitt

Mailing Address 1328 Lawrence St NE

City Washington State DC Zip Code 20017-4029

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

Name of Employer U.S. Dept of Commerce Occupation Public Affairs

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 09 / 17 / 2008

Transaction ID: C4006854

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)  
Susan Hitt

Mailing Address 100 Barton Bend Lane

City Columbia State SC Zip Code 29206

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

Name of Employer United States Dept of Justice Occupation attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt: 08 / 11 / 2008

Transaction ID: C3974997

Amount of Each Receipt this Period: 150.00

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

**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 / 90  
(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) Ann Hoefer		Date of Receipt MM / DD / YYYY 09 / 10 / 2008
Mailing Address 251 East Rock Rd		<b>Transaction ID:</b> C4005466
City New Haven	State CT	Zip Code 06511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yale	Occupation Doctor	<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) Fritz Hollings		Date of Receipt MM / DD / YYYY 09 / 04 / 2008
Mailing Address 10 Dunecrest Ln		<b>Transaction ID:</b> C3998423
City Isle of Palms	State SC	Zip Code 29451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) S. Randall Hood		Date of Receipt MM / DD / YYYY 08 / 07 / 2008
Mailing Address 7500 Woodstream Drive		<b>Transaction ID:</b> C3974982
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McGowan, Hood & Felder, LLC	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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 / 90  
(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)  
Anthony Horwitz

Mailing Address Box 5056

City Vineyard Haven State MA Zip Code 02568

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

Name of Employer self Occupation writer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2008

Transaction ID: C3998567

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)  
Vivek Jain

Mailing Address 5511 Glenwood Rd

City Bethesda State MD Zip Code 20817-3747

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 ▼ 2000.00

Date of Receipt 07 / 25 / 2008

Transaction ID: C3957392

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)  
Vivek Jain

Mailing Address 5511 Glenwood Rd

City Bethesda State MD Zip Code 20817-3747

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 ▼ 2000.00

Date of Receipt 09 / 24 / 2008

Transaction ID: C4012821

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 22 / 90
	<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

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

<b>B.</b>	Full Name (Last, First, Middle Initial) Raymond Jimison		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address PO Box 4207		<b>Transaction ID:</b> C3960047
	City Beaufort	State SC	Zip Code 29903
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer self Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation optometrist Election Cycle-to-Date ▼ 350.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 / 90  
(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 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 / 90  
(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 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  
MM / DD / YYYY  
07 / 09 / 2008

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  
MM / DD / YYYY  
08 / 11 / 2008

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  
MM / DD / YYYY  
09 / 12 / 2008

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: PAGE 25 / 90  
(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)  
Garland Lasater

Mailing Address 249 Cherry Street

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Occupation  
Super-Ego Games CEO

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 6 / 2 0 0 8

Transaction ID: C3986443

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)  
Ike Kampmann Lasater

Mailing Address 156 Madrone Avenue

City State Zip Code  
San Francisco CA 94127

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

Name of Employer Occupation  
self mediator

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

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

Transaction ID: C3998434

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)  
Aaron Lenz

Mailing Address 202 Meadow View Ct  
Apt 202

City State Zip Code  
Stafford VA 22554-7714

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

Name of Employer Occupation  
USMC Infantry Officer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 8

Transaction ID: C4013593

Amount of Each Receipt this Period  
400.00

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

**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 / 90  
(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		Date of Receipt MM / DD / YYYY 08 / 18 / 2008
Mailing Address 682 Pelzer Drive		<b>Transaction ID:</b> C3978269
City Mount Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
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 <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) Gary A. Ling		Date of Receipt MM / DD / YYYY 07 / 24 / 2008
Mailing Address 3660 W. Montague Ave		<b>Transaction ID:</b> C3957194
City North Charleston	State SC	Zip Code 29418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Riesen Law Firm	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 ▼ 270.00	

**C.**

Full Name (Last, First, Middle Initial) Gary A. Ling		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
Mailing Address 3660 W. Montague Ave		<b>Transaction ID:</b> C3969436
City North Charleston	State SC	Zip Code 29418
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Riesen Law Firm	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 ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.00</b>
<b>TOTAL</b> 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 27 / 90
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Lyle		Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 636G Long Point Rd # 123		<b>Transaction ID:</b> C3987393
	City Mount Pleasant	State SC	Zip Code 29464-8216
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Chad A. McGowan		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 1539 Health Care Drive		<b>Transaction ID:</b> C3958818
	City Rock Hill	State SC	Zip Code 29732
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer atty	Occupation self	<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 ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Scott McGuckin		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 5806 Sable Drive		<b>Transaction ID:</b> C3982796
	City Alexandria	State VA	Zip Code 22303
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer DHS	Occupation Special Agent	<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 ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 28 / 90
	<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

<b>A.</b>	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	<b>Transaction ID:</b> 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. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Wilmer Cutler Pickering Hale and Dorr 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Page Miller	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 118 Sea Otter Lane	<b>Transaction ID:</b> 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. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer reitred Occupation historian Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 7 Fraser Street	<b>Transaction ID:</b> 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. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Recruit's Depot Occupation Co-Owner Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 286365.32	* In-Kind: Travel and Lodging

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1148.82</b>
<b>TOTAL</b> 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 / 90  
(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 31 / 90  
(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  
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  
M M / D D / Y Y Y Y Y  
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  
M M / D D / Y Y Y Y Y  
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 / 90  
(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)  
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 / 0 8 / 2 0 0 8

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

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  
M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

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 / 90  
(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) ▼

Amount of Each Receipt this Period  
168.00

Transaction ID: C4025792

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) ▼

Amount of Each Receipt this Period  
150.00

Transaction ID: C4020072

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) ▼

Amount of Each Receipt this Period  
274.68

Transaction ID: C4020077

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 34 / 90  
(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) ▼

286365.32

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

Transaction ID: C4020075

Amount of Each Receipt this Period  
420.00

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) ▼

286365.32

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

Transaction ID: C4020114

Amount of Each Receipt this Period  
241.65

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 Y  
0 8 / 3 1 / 2 0 0 8

Transaction ID: C4014282

Amount of Each Receipt this Period  
395.16

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

\* In-Kind: Hotel for event

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1056.81**

**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 / 90

(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 M M / D D / Y Y Y Y  
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 M M / D D / Y Y Y Y  
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 M M / D D / Y Y Y Y  
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 / 90  
(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 / 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) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
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) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
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 / 90  
(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  
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 / 90

(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  
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) ▼ 286365.32

Date of Receipt M M / D D / 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) ▼ 286365.32

Date of Receipt M M / D D / 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 / 90  
(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 / 90  
(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

Mailing Address 1602 Huckleberry Dr.

City Aiken State SC Zip Code 29803

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

Name of Employer The Mosteller Law Firm LLC Occupation Counselor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 07 / 29 / 2008

Transaction ID: C3958510

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)  
J. Marvin Mullis, Jr.

Mailing Address Post Office Box 7757

City Columbia State SC Zip Code 29202-7757

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

Name of Employer The Mullis Law Firm Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 07 / 2008

Transaction ID: C3974975

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)  
Pamela R. Mullis

Mailing Address 2907 Wheat Street

City Columbia State SC Zip Code 29205

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

Name of Employer Mullis Law Firm Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 08 / 21 / 2008

Transaction ID: C3981175

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) ..... ► 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 42 / 90  
(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 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 / 90  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
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  
M M / D D / Y Y Y Y Y  
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  
M M / D D / Y Y Y Y Y  
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  
M M / D D / Y Y Y Y Y  
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 / 90  
(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 / 90  
(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 / 90  
(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 / 90  
(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

Mailing Address 353 Blue Heron Ct

City Lexington State SC Zip Code 29072-9416

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

Name of Employer retired Occupation Steel Executive

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

Amount of Each Receipt this Period 1000.00

Transaction ID: C3944930

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

**B.**

Full Name (Last, First, Middle Initial)  
Geri Thoma Lemert

Mailing Address 199 Lawrence Street

City New Haven State CT Zip Code 06511

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

Name of Employer Elaien Markson Agency Occupation Literary Agency

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

Amount of Each Receipt this Period 750.00

Transaction ID: C3997922

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

**C.**

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) ▼

Amount of Each Receipt this Period 100.00

Transaction ID: C3982772

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

**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 / 90  
(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)  
George Thrush

Mailing Address 17 Tufts Street

City State Zip Code  
Cambridge MA 02139

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

Name of Employer Occupation  
Northeastern University Professor

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
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 State Zip Code  
Charleston SC 29403-3260

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

Name of Employer Occupation  
MPT VP R&D

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
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 State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Wilmer Cutler Pickering Hale and Dorr Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
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 / 90
	(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) 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.		Transaction ID: C4014654
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer MALPHRUS CONST	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" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> 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 / 90  
(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  
MM / DD / YYYY  
08 / 11 / 2008

**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  
MM / DD / YYYY  
09 / 08 / 2008

**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  
MM / DD / YYYY  
09 / 29 / 2008

**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 / 90  
(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 / 90  
(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)  
Transportation Workers Union

Mailing Address 1700 Broadway, 2nd Floor

City State Zip Code  
New York NY 10019-5905

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: C4018093

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) .....	▶	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 / 90
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" 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) Robert Lauransom Miller		Date of Receipt MM / DD / YYYY 09 / 24 / 2008
Mailing Address 7 Fraser Street		<b>Transaction ID:</b> C4012845
City Ladys Island	State SC	Zip Code 29907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40000.00
Name of Employer The Recruit's Depot	Occupation Co-Owner	<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 ▼ 286365.32	

**B.**

Full Name (Last, First, Middle Initial) Robert Lauransom Miller		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 7 Fraser Street		<b>Transaction ID:</b> C4017669
City Ladys Island	State SC	Zip Code 29907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20000.00
Name of Employer The Recruit's Depot	Occupation Co-Owner	<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 ▼ 286365.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>60000.00</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 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

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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 State Zip Code  
Marietta GA 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 State Zip Code  
Charlotte NC 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 State Zip Code  
Charlotte NC 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) EMBARQ</p> <p>Mailing Address PO Box 96064</p> <p>City Charlotte State NC Zip Code 28296</p> <p>Purpose of Disbursement Phone and Internet</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><b>Transaction ID:</b> D189224</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 171.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hamilton Campaigns</p> <p>Mailing Address 4201 Connecticut Ave NW Suite 610</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Poll</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><b>Transaction ID:</b> D189150</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 8950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hamilton Campaigns</p> <p>Mailing Address 4201 Connecticut Ave NW Suite 610</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Research Fees</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><b>Transaction ID:</b> D197005</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D197006  
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

2783.64

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D192885  
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

906.03

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D197010  
Date of Disbursement

09 / 04 / 2008

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) ..... ▶

3789.67

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Manse Management Company <hr/> Mailing Address PO Box 6300 <hr/> City Beaufort State SC Zip Code 29901 <hr/> Purpose of Disbursement Rent 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: D195725 Date of Disbursement 08 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Manse Management Company <hr/> Mailing Address PO Box 6300 <hr/> City Beaufort State SC Zip Code 29901 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> 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: D189851 Date of Disbursement 07 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Manse Management Company <hr/> Mailing Address PO Box 6300 <hr/> City Beaufort State SC Zip Code 29901 <hr/> Purpose of Disbursement Rent 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: D189852 Date of Disbursement 07 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**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

08 / 08 / 2008

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

08 / 28 / 2008

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

08 / 28 / 2008

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) .....

# 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 Campaign Management Consulting Fee Candidate Name <hr/> 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: D189146 Date of Disbursement 07 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D189147 Date of Disbursement 07 / 03 / 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: D194289 Date of Disbursement 07 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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	Transaction ID: D194290 Date of Disbursement 07 / 21 / 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	Category/Type
	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) McIntosh Consulting, LLC	Transaction ID: D199584 Date of Disbursement 09 / 30 / 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	Category/Type
	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) McIntosh Consulting, LLC	Transaction ID: D199585 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1803 Bowens Island Road	Amount of Each Disbursement this Period 3000.00
	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	Category/Type
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3200.00</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 62 / 90

<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	Transaction ID: D194293 Date of Disbursement 07 / 21 / 2008
	Mailing Address 3310 Duncan Street	Amount of Each Disbursement this Period 3000.00
	City Columbia State SC Zip Code 29205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Finance 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) Ashley E Medbery	Transaction ID: D194295 Date of Disbursement 07 / 21 / 2008
	Mailing Address 3310 Duncan Street	Amount of Each Disbursement this Period 70.00
	City Columbia State SC Zip Code 29205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel and 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) ▼

C.	Full Name (Last, First, Middle Initial) Ashley E Medbery	Transaction ID: D195717 Date of Disbursement 08 / 28 / 2008
	Mailing Address 3310 Duncan Street	Amount of Each Disbursement this Period 3000.00
	City Columbia State SC Zip Code 29205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Finance 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6070.00</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)

<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  
Travel and Expenses Reimbursement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D195718  
Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

182.44

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

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  
Event catering  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D198466  
Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

1333.02

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  
Space rent for event  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D198471  
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

500.00

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

\* In-Kind Received

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

Transaction ID: D198472  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

475.29
--------

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: D198473  
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

110.28
--------

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: D198511  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

1296.75
---------

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) .....

1882.32
---------

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: D198512

Date of Disbursement

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

Mailing Address 7 Fraser Street

Amount of Each Disbursement this Period

395.16
--------

City Ladys Island State SC Zip Code 29907

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

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

Mailing Address 7 Fraser Street

Amount of Each Disbursement this Period

1045.50
---------

City Ladys Island State SC Zip Code 29907

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

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

Mailing Address 7 Fraser Street

Amount of Each Disbursement this Period

237.57
--------

City Ladys Island State SC Zip Code 29907

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

<b>A.</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: 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>B.</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
<b>C.</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: 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1469.31
<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 Miller for Congress

A.

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

Transaction ID: D199670  
Date of Disbursement

Mailing Address 7 Fraser Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

2127.06
---------

Purpose of Disbursement  
Expenses Reimbursement

--

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: D200075  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

168.00
--------

Purpose of Disbursement  
Postage

--

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)  
Robert Lauransom Miller

Transaction ID: D200078  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

365.31
--------

Purpose of Disbursement  
Literature

--

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:

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

2660.37
---------

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: 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

--

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

\* 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

--

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

\* 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

--

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

\* 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: D200089  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

269.00
--------

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: D200090  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

544.96
--------

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: D200091  
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

205.04
--------

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) .....

1019.00
---------

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)  
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

Mailing Address 7 Fraser Street

/   /

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel and Lodging

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: D200096  
Date of Disbursement

Mailing Address 7 Fraser Street

/   /

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel and Lodging

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: D199645  
Date of Disbursement

Mailing Address 7 Fraser Street

/   /

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

Purpose of Disbursement  
Space rental for event

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) .....

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

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

79.12
-------

Purpose of Disbursement  
Supplies

Category/ Type
-------------------

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

Candidate Name

\* In-Kind Received

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

B.

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

Transaction ID: D199647  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

420.00
--------

Purpose of Disbursement  
Postage

Category/ Type
-------------------

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

Candidate Name

\* In-Kind Received

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

C.

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

Transaction ID: D199648  
Date of Disbursement

Mailing Address 7 Fraser Street

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

City State Zip Code  
Ladys Island SC 29907

Amount of Each Disbursement this Period

274.68
--------

Purpose of Disbursement  
Supplies

Category/ Type
-------------------

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

Candidate Name

\* In-Kind Received

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

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

773.80
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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: D198458 Date of Disbursement 09 / 24 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 401.04
	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	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Robert Lauransom Miller	Transaction ID: D198459 Date of Disbursement 09 / 24 / 2008
	Mailing Address 7 Fraser Street	Amount of Each Disbursement this Period 211.68
	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 Travel and Lodging	* In-Kind Received
	Candidate Name	
	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:	

C.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: D194366 Date of Disbursement 08 / 12 / 2008
	Mailing Address 122 C STREET NW SUITE 650	Amount of Each Disbursement this Period 3000.00
	City WASHINGTON State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Precinct and Demographic Targeting	* In-Kind Received
	Candidate Name NCEC	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3612.72</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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NGP</p> <p>Mailing Address 1225 Eye Street NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D195746</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP</p> <p>Mailing Address 1225 Eye Street NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D197004</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Patrick Norton</p> <p>Mailing Address 1093 Quail Lane</p> <p>City Lugoff State SC Zip Code 29078</p> <p>Purpose of Disbursement Press Secretary Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D189148</p> <p>Date of Disbursement 07 / 03 / 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>

**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

<b>A.</b>	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) ▼	<b>Transaction ID:</b> D189149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 8  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>B.</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) ▼	<b>Transaction ID:</b> D198457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8  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
<b>C.</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 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) ▼	<b>Transaction ID:</b> D198465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8  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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3706.27</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)

<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: D199649 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 4.50
	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) SC Bank & Trust	Transaction ID: D199650 Date of Disbursement 09 / 04 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 14.35
	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) ▼

C.	Full Name (Last, First, Middle Initial) SC Bank & Trust	Transaction ID: D199651 Date of Disbursement 09 / 04 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 42.14
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>60.99</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)

<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

<b>A.</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) ▼	<b>Transaction ID:</b> D199652 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8 <hr/> 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
<b>B.</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) ▼	<b>Transaction ID:</b> D199653 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8 <hr/> 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
<b>C.</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) ▼	<b>Transaction ID:</b> D202374 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8 <hr/> 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>253.53</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)

<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: D194303 Date of Disbursement 07 / 02 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 157.67
	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) SC Bank & Trust	Transaction ID: D194304 Date of Disbursement 07 / 03 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 0.18
	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) ▼

C.	Full Name (Last, First, Middle Initial) SC Bank & Trust	Transaction ID: D194305 Date of Disbursement 07 / 03 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 4.89
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>162.74</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)

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; 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><b>Transaction ID:</b> D194306</p> <p>Date of Disbursement 07 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 10.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; 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><b>Transaction ID:</b> D194307</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 175.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; 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><b>Transaction ID:</b> D194308</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 156.06</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) ..... ▶

342.42

**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: D194309 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 0.15
	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) SC Bank & Trust	Transaction ID: D194310 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 7.70
	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) ▼

C.	Full Name (Last, First, Middle Initial) SC Bank & Trust	Transaction ID: D194311 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 1287	Amount of Each Disbursement this Period 8.94
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	16.79
<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 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>163.97</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)

<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)  
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: D194288  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		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)  
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: D195723  
Date of Disbursement

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

C.

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  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D195724  
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00
--------

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

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

1250.00
---------

**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)

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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)  
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

/   /

Amount of Each Disbursement this Period

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

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

**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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	60000.00
<b>TOTALS</b> 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: L474**

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

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Election:  
 Primary  
 General  
 Other (specify) ▼

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:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>5</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>1</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	0	5	D	D	2	1	Y	Y	Y	Y	2	0	0	8	05/21/2020	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	5																		
D	D																		
2	1																		
Y	Y	Y	Y																
2	0	0	8																

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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="40000.00"/>
<b>TOTALS</b> 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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Rob Miller for Congress

**Transaction ID: L505**

<b>LOAN SOURCE</b> 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
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2008	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"/>

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

FOR LINE NUMBER: (check only one) [X] 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 - [PERSONAL FUNDS]

Election: [ ] Primary [X] General [ ] Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Table with 3 columns: Original Amount of Loan (20000.00), Cumulative Payment To Date (0.00), Balance Outstanding at Close of This Period (20000.00)

TERMS

Date Incurred (MM/09, DD/30, YYYY/2008), Date Due (10/15/2020), Interest Rate (.0000 % (apr)), Secured: [ ] Yes [X] No

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

Table with 5 rows for endorser/guarantor information, including fields for Full Name, Mailing Address, City, State, ZIP Code, Name of Employer, Occupation, and Amount Guaranteed Outstanding.

SUBTOTALS This Period This Page (optional) 20000.00; 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)

## LOANS

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

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

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 - [PERSONAL 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
40000.00	0.00	40000.00

### TERMS

Date Incurred:    Date Due:  Interest Rate:  % (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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="40000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input 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.