

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Robertson For Congress

ADDRESS (number and street)

Check if different than previously reported. (ACC) -

2. **FEC IDENTIFICATION NUMBER** ▼

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

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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 01 / 01 / 2014 through 03 / 31 / 2014

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 Mr. John Raymond Farris

Signature of Treasurer Mr. John Raymond Farris [Electronically Filed] Date 06 / 30 / 2014

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Robertson For Congress

Report Covering the Period: From: / / To: / /

	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))....	17865.00	17865.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17865.00	17865.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10469.36	10469.36
(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)).....	10469.36	10469.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11095.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5000.00	

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

Robertson For Congress

Report Covering the Period: From: / / To: / /

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).....	16400.00	16400.00
(ii) Unitemized.....	1465.00	1465.00
(iii) TOTAL of contributions from individuals ▶	17865.00	17865.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17865.00	17865.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	5000.00	5000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
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)..... ▶	22865.00	22865.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10469.36	10469.36
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	1300.00	1300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11769.36	11769.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22865.00
25. SUBTOTAL (add Line 23 and Line 24).....	22865.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11769.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11095.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
Ms Nancy Brown

Mailing Address P.O. Box 145

City Southwest City State OK Zip Code 64863

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 1000.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Stan Crawford

Mailing Address 2603 1/2 Thompson Rd

City Grove State OK Zip Code 74344

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
 500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Justin Dodson

Mailing Address 446445 E 90 Road

City Welch State OK Zip Code 74369

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 1000.00

Check

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

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

2500.00

**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 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jesse Drain

Mailing Address 248 SE 23 Street

City Moore State OK Zip Code 73160

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

Name of Employer Self Employed Occupation Oil Field Supply

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 2600.00

Check

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

Mailing Address 22428 Bryant Ave.

City Purcell State OK Zip Code 73080

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

Name of Employer Self Employed Occupation Oil Field Supply

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
 2600.00

Check

C. Full Name (Last, First, Middle Initial)
Mrs. Misty Drain

Mailing Address 22428 Bryant Ave.

City Purcell State OK Zip Code 73080

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

Name of Employer Self Employed Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
 2600.00

Check

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

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

7800.00

**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 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Craig Harper

Mailing Address 7117 Lighthouse Ln

City State Zip Code
Grove OK 74344

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

Name of Employer Occupation
Self Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Allan Head

Mailing Address 105 Emerald Rd.

City State Zip Code
Pryor OK 74361

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
1000.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Stephen Holly

Mailing Address P.O. Box 234

City State Zip Code
Southwest City MO 64863

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
1000.00

Check

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

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

2250.00

**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 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

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

Mailing Address 305 S Cherokee Dr.

City State Zip Code
Bernice OK 74331

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

Name of Employer Occupation
Logan & Lowery Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Ronald Lay

Mailing Address 2900 E Hwy 10

City State Zip Code
Grove OK 74344

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

Name of Employer Occupation
Pride Plating, Inc President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
1000.00

Credit Card

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

Mailing Address 2900 E Hwy 10

City State Zip Code
Grove OK 74344

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

Name of Employer Occupation
Pride Plating, Inc President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
1000.00

Credit Card

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
James Mansour

Mailing Address P.O. Box 8009

City: Newport Beach State: CA Zip Code: 92658

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

Name of Employer: UIG Occupation: Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 30 / 2014

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period: 500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. Darrell Spillers

Mailing Address PO Box 646

City: Southwest City State: MO Zip Code: 64863

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

Name of Employer: Self Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 02 / 25 / 2014

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period: 300.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Curtiss Tate

Mailing Address 2104 Hwy. 59 N

City: Grove State: OK Zip Code: 74344

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

Name of Employer: Self Employed Occupation: Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 14 / 2014

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period: 300.00

Check

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

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

1100.00

**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 10 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Larry Vancuren

Mailing Address P.O. Box 156

City Southwest City State MO Zip Code 64863

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

Name of Employer Conerstone Bank Occupation Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
 250.00

Money Order

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

16400.00

**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 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

A. Full Name (Last, First, Middle Initial)
Grand Savings Bank

Mailing Address PO Box 451809

City State Zip Code
Grove OK 74345

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA13B.4214

Amount of Each Receipt this Period
5000.00

LOC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Hoguen Apperson		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4168
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name Robertson For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 02	

Full Name (Last, First, Middle Initial) B. Hoguen Apperson		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4178
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Expense Reimbursement	Category/Type 002	
Candidate Name Robertson For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 02	

Full Name (Last, First, Middle Initial) c. Hoguen Apperson		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 Transaction ID : SB17.4187
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name Robertson For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1335.97
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)	PAGE 13 OF 21		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Hoguen Apperson		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4172
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimbursements 002 Category/Type	
Candidate Name Robertson For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Hoguen Apperson		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4175
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimbursements 002 Category/Type	
Candidate Name Robertson For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Hoguen Apperson		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 Transaction ID : SB17.4179
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll Category/Type	
Candidate Name Robertson For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1035.97
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)	PAGE 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Hoguen Apperson		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4181
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimbursement Category/Type 002	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) B. Dashelle D'Ann Real Estate		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 414 E 3rd Street		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4170
City Grove State OK Zip Code 74344	Purpose of Disbursement Rent Category/Type 001	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) c. Heather Fink Photography		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 414 E 3rd Street		Amount of Each Disbursement this Period 268.56 Transaction ID : SB17.4166
City Grove State OK Zip Code 74344	Purpose of Disbursement Photos for the Web Category/Type 006	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1468.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Cameron J Price		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 541.45 Transaction ID : SB17.4193
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) B. Cameron J Price		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 541.45 Transaction ID : SB17.4195
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) c. Cameron J Price		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 541.45 Transaction ID : SB17.4194
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1624.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Cameron J Price		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 Transaction ID : SB17.4188
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) B. Cameron J Price		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 Transaction ID : SB17.4192
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) c. The Parrot Steakhouse		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 2530 S Main Street		Amount of Each Disbursement this Period 921.02 Transaction ID : SB17.4164
City Grove	State OK	
Purpose of Disbursement Event Dinner	Category/ Type 007	
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2007.14
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. The Print Shop		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 910 N J M Davis Blvd		Amount of Each Disbursement this Period 376.10 Transaction ID : SB17.4176
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Campaign Buttons & Stickers	Category/ Type 006
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

Full Name (Last, First, Middle Initial) B. Trench Brothers		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 1911 E. Hwy 10		Amount of Each Disbursement this Period 406.62 Transaction ID : SB17.4160
City Grove	State OK	
Zip Code 74344	Purpose of Disbursement Campaign Signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Trench Brothers		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 1911 E. Hwy 10		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4180
City Grove	State OK	
Zip Code 74344	Purpose of Disbursement Signs	Category/ Type 006
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2382.72
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Van's Printing Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 423 S Hazel St.		Amount of Each Disbursement this Period 296.73
City Grove	State OK Zip Code 74344	
Purpose of Disbursement Print Letterhead	Category/Type 001	Transaction ID : SB17.4162
Candidate Name Robertson For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	296.73
TOTAL This Period (last page this line number only).....	10151.44

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

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NAME OF COMMITTEE (In Full)
Robertson For Congress

Full Name (Last, First, Middle Initial) A. Hoguen Apperson		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 1300.00
City Jay State OK Zip Code 74346	Purpose of Disbursement Transfer	
Candidate Name Robertson For Congress		Transaction ID : SB21.4213
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02	Category/Type 001	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	1300.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Robertson For Congress** Transaction ID : **SC/10.4214**

LOAN SOURCE Full Name (Last, First, Middle Initial) Grand Savings Bank	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 451809	

City	State	ZIP Code
Grove	OK	74345

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 21 / 2014	/ / 2/21/15	6.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 Transaction ID : SC/10.4214.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	5000.00

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-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Robertson For Congress	Transaction ID : SC/10.4214.SC1	FEC IDENTIFICATION NUMBER C C00557686
--	---------------------------------	---

LENDING INSTITUTION (LENDER) Full Name Grand Savings Bank	Amount of Loan 60000.00	Interest Rate (APR) 6.00 %
--	-----------------------------------	--------------------------------------

Mailing Address PO Box 451809	Date Incurred or Established 02 / 21 / 2014	Date Due 2/21/15
City State Zip Code Grove OK 74345	Back Ref SC/10.4214	

A. Has loan been restructured? No Yes If yes, date originally incurred **02 / 21 / 2014**

B. If line of credit,
Amount of this Draw: **5000.00** Total Outstanding Balance: **55000.00**

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: **02 / 21 / 2014** Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Mr. John Raymond Farris Signature _____	DATE 06 / 30 / 2014
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Mr. John Raymond Farris Signature Mr. John Raymond Farris	[Electronically Filed]	DATE 02 / 21 / 2014
Title Treasurer		