

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.

12FE4M5

ART ROBINSON FOR CONGRESS

ADDRESS (number and street) ▼

2251 DICK GEORGE RD

Check if different than previously reported. (ACC)

CAVE JUNCTION

OR

97523

2. **FEC IDENTIFICATION NUMBER** ▼

C C00481341

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

OR

04

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

/ /

through

/ /

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 Noah Robinson

Signature of Treasurer Noah Robinson

[Electronically Filed]

Date

/ /

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

ART ROBINSON 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))....	4322.14	12359.64
(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)).....	4322.14	12359.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1553.69	45484.27
(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)).....	1553.69	45484.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2979.70	
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).....	42816.21	

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

ART ROBINSON 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).....	257.00	1907.00
(ii) Unitemized.....	4065.14	6650.64
(iii) TOTAL of contributions from individuals ▶	4322.14	8557.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	300.00
(d) The Candidate.....	0.00	3502.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4322.14	12359.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	23443.46
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	23443.46
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)..... ▶	4322.14	35803.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1553.69	45484.27
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1553.69	45484.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	211.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4322.14
25. SUBTOTAL (add Line 23 and Line 24).....	4533.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1553.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2979.70

**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 17
	<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)
ART ROBINSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John A Hudick

Mailing Address 385 Dexter Way

City Grants Pass State OR Zip Code 97527

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.36056

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. ART ROBINSON

Mailing Address 2251 DICK GEORGE ROAD

City CAVE JUNCTION State OR Zip Code 97523

FEC ID number of contributing federal political committee. **C H0OR04073**

Name of Employer Self-Employed Occupation Chemist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.36029

Amount of Each Receipt this Period
 2.00
 In-kind - Office Space

C. Full Name (Last, First, Middle Initial)
Dr. ART ROBINSON

Mailing Address 2251 DICK GEORGE ROAD

City CAVE JUNCTION State OR Zip Code 97523

FEC ID number of contributing federal political committee. **C H0OR04073**

Name of Employer Self-Employed Occupation Chemist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.36032

Amount of Each Receipt this Period
 2.00
 In-kind - Telephone Service

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

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

254.00

**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 17
	<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)
ART ROBINSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. ART ROBINSON

Mailing Address **2251 DICK GEORGE ROAD**

City **CAVE JUNCTION** State **OR** Zip Code **97523**

FEC ID number of contributing federal political committee. **C H0OR04073**

Name of Employer **Self-Employed** Occupation **Chemist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
26950.46

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.36034

Amount of Each Receipt this Period
1.00

In-kind - Website

B. Full Name (Last, First, Middle Initial)
Dr. ART ROBINSON

Mailing Address **2251 DICK GEORGE ROAD**

City **CAVE JUNCTION** State **OR** Zip Code **97523**

FEC ID number of contributing federal political committee. **C H0OR04073**

Name of Employer **Self-Employed** Occupation **Chemist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
26951.46

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.36036

Amount of Each Receipt this Period
1.00

In-kind - Telephone Service

C. Full Name (Last, First, Middle Initial)
Dr. ART ROBINSON

Mailing Address **2251 DICK GEORGE ROAD**

City **CAVE JUNCTION** State **OR** Zip Code **97523**

FEC ID number of contributing federal political committee. **C H0OR04073**

Name of Employer **Self-Employed** Occupation **Chemist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
26952.46

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.36039

Amount of Each Receipt this Period
1.00

In-kind - Utilities

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

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

3.00

257.00

**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 7 OF 17			
	<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)
ART ROBINSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Arent Fox		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 1717 K Street NW		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.36020
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Legal Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 735 Southwest 6th St.		Amount of Each Disbursement this Period 144.00 Transaction ID : SB17.36021
City Grants Pass	State OR	
Zip Code 97526	Purpose of Disbursement Bank Fees	Category/ Type
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Jackie Jolling		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 2900 Foots Creek Rd.		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.36023
City Gold Hill	State OR	
Zip Code 97525	Purpose of Disbursement Data Management Services	Category/ Type
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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1244.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17			
	<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)
ART ROBINSON FOR CONGRESS

A. Paypal

Full Name (Last, First, Middle Initial)
Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period
214.59

Transaction ID : SB17.36022

B. Dr. ART ROBINSON

Full Name (Last, First, Middle Initial)
Mailing Address 2251 DICK GEORGE ROAD

City CAVE JUNCTION State OR Zip Code 97523

Purpose of Disbursement
In-kind - Office Space

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: OR District: 04

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period
2.00

Transaction ID : SB17.36030

C. Dr. ART ROBINSON

Full Name (Last, First, Middle Initial)
Mailing Address 2251 DICK GEORGE ROAD

City CAVE JUNCTION State OR Zip Code 97523

Purpose of Disbursement
In-kind - Telephine Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: OR District: 04

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period
2.00

Transaction ID : SB17.36033

SUBTOTAL of Disbursements This Page (optional)..... 218.59

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 9 OF 17			
	<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)
ART ROBINSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. ART ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2251 DICK GEORGE ROAD		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.36035
City CAVE JUNCTION State OR Zip Code 97523	Purpose of Disbursement In-kind - Website	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dr. ART ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2251 DICK GEORGE ROAD		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.36037
City CAVE JUNCTION State OR Zip Code 97523	Purpose of Disbursement In-kind - Telephone Service	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Dr. ART ROBINSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 2251 DICK GEORGE ROAD		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.36040
City CAVE JUNCTION State OR Zip Code 97523	Purpose of Disbursement In-kind - Utilities	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<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)
ART ROBINSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vonage		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address Web Service		Amount of Each Disbursement this Period 88.10
City Eugene	State OR	
Zip Code 97404		Transaction ID : SB17.36019
Purpose of Disbursement Phone Service	Category/Type	
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) 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	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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	88.10
TOTAL This Period (last page this line number only).....	1553.69

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ART ROBINSON FOR CONGRESS** Transaction ID : **SC/10.26130**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. ART ROBINSON** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2251 DICK GEORGE ROAD

City State ZIP Code
 CAVE JUNCTION OR 97523

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 04 / D 25 / Y 2012	Date Due M M / D D / Y Y Y Y On Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional).....	▶	[] 3000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

NAME OF COMMITTEE (In Full) **ART ROBINSON FOR CONGRESS** Transaction ID : **SC/10.35793**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. ART ROBINSON	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2251 DICK GEORGE ROAD		

City	State	ZIP Code
CAVE JUNCTION	OR	97523

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 16 / Y 2012	M / D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	2000.00
TOTALS This Period (last page in this line only).....	▶	[]

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)

Transaction ID : SC/10.35848

ART ROBINSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. ART ROBINSON

Primary

General

Other (specify) ▼

Mailing Address

2251 DICK GEORGE ROAD

City

State

ZIP Code

CAVE JUNCTION

OR

97523

Original Amount of Loan

15043.46

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15043.46

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 10 / Y 2012

M / D / Y None

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

15043.46

TOTALS This Period (last page in this line only)..... ▶

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)

Transaction ID : SC/10.35849

ART ROBINSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. ART ROBINSON

Primary

General

Other (specify) ▼

Mailing Address

2251 DICK GEORGE ROAD

City

State

ZIP Code

CAVE JUNCTION

OR

97523

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

M 12 / D 30 / Y 2012

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2000.00

TOTALS This Period (last page in this line only)..... ▶

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)

Transaction ID : SC/10.35940

ART ROBINSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. ART ROBINSON

Primary

General

Other (specify) ▼

Mailing Address

2251 DICK GEORGE ROAD

City

State

ZIP Code

CAVE JUNCTION

OR

97523

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

11

2013

On Demand

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

400.00

TOTALS This Period (last page in this line only)..... ▶

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)

Transaction ID : SC/10.35989

ART ROBINSON FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Dr. ART ROBINSON

Primary

General

Other (specify) ▼

Mailing Address

2251 DICK GEORGE ROAD

City

State

ZIP Code

CAVE JUNCTION

OR

97523

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

07 / 30 / 2013

Date Due

On Demand

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

4000.00

TOTALS This Period (last page in this line only)..... ▶

26443.46

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

ART ROBINSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Arent Fox

Nature of Debt (Purpose):

Legal and FEC Compliance Services

Mailing Address 1717 K Street NW

City State Zip Code
Washington DC 20036

Outstanding Balance Beginning This Period

16372.75

Transaction ID : SD10.34354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16372.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

16372.75

2) **TOTALS** This Period (last page this line number only)

16372.75

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

26443.46

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

42816.21