

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 Bishop for Congress

ADDRESS (number and street) PO Box 2004
 Check if different than previously reported. (ACC)
Brigham City UT 84302

2. **FEC IDENTIFICATION NUMBER** C00374231
CITY STATE ZIP CODE STATE DISTRICT
UT 1

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 11 28 2006 through 12 31 2006

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 Scott Parker

Signature of Treasurer Electronically Filed by Scott Parker Date 01 31 2007

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 Bishop for Congress

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4500.00	4650.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4500.00	4650.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21742.58	22108.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21742.58	22108.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	104871.56	
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).....	51981.78	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Rob Bishop for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2700.00

2700.00

(ii) Unitemized.....

1800.00

1950.00

(iii) TOTAL of contributions

4500.00

4650.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

4500.00

4650.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

483.86

483.86

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

4983.86

5133.86

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	21742.58	22108.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	9000.00	9000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	9000.00	9000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30742.58	31108.55

III. CASH SUMMARY

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

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

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

Mailing Address 198 Wood Hill Lane

City State Zip Code
North Salt Lake UT 84054

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

Name of Employer
Howard, Phillips, & Andersen

Occupation
Attorney

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

Election Cycle-to-Date ▼
2008.00

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

Transaction ID: SA11A1.10586

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2700.00

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

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

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NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

Mailing Address PO Box 9199

City	State	Zip Code
Ogden	UT	84409

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
483.86

Date of Receipt

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

Transaction ID: SA15.10566

Amount of Each Receipt this Period
483.86

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

SUBTOTAL of Receipts This Page (optional)	483.86
TOTAL This Period (last page this line number only)	483.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

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

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

SUBTOTAL of Disbursements This Page (optional) ▶	12068.70
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 Bishop for Congress

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

Full Name (Last, First, Middle Initial) B. Tom Kotter		Transaction ID: SB17.10559 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 92 N Marie Dr		Amount of Each Disbursement this Period 1164.45	
City Brigham City	State UT	Zip Code 84302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimbursement - rental car		Category/ Type	
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. Scott Parker		Transaction ID: SB17.10558 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 40 N State St #4H		Amount of Each Disbursement this Period 665.26	
City Salt Lake City	State UT	Zip Code 84103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimbursement - rental car		Category/ Type	
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) ▶	3829.71
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 / 17

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

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NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

A. Qwest Full Name (Last, First, Middle Initial) Mailing Address PO Box 2618 City Omaha State NE Zip Code 68103 Purpose of Disbursement Phone Service/Long Distance 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) ▼		Transaction ID: SB17.10561 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 149.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Tanner Group Consulting Full Name (Last, First, Middle Initial) Mailing Address 383 I St City Salt Lake City State UT Zip Code 84103 Purpose of Disbursement Fundraising Consulting Services 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) ▼		Transaction ID: SB17.10565 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 5360.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ►

5510.20

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

21408.61

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

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

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	9000.00

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

Transaction ID: SC/10.4556

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

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

TERMS

Date Incurred M M 0 2 D D 0 7 Y Y Y Y 2 0 0 2	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)	0.00
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	PAGE 13 / 17
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Rob Bishop for Congress

Transaction ID: SC/10.4557

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

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

TERMS

Date Incurred M M 03 D D 12 Y Y Y Y 2002	Date Due none	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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"/>

SUBTOTALS This Period This Page (optional)	9000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
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	PAGE 14 / 17
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

Transaction ID: SC/10.5267

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

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

TERMS

Date Incurred M M D D Y Y Y Y 06 18 2002	Date Due 6/18/2006	Interest Rate 9.5 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	-----------------------	------------------------------	---

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

Full Name (Last, First, Middle Initial) America First Credit Union	Name of Employer
Mailing Address PO Box 9199	Occupation
City Ogden State UT ZIP Code 84409	Amount Guaranteed Outstanding: 38000.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
Rob Bishop for Congress

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

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

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

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

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

Image# 27960043621

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

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

Image# 27960043622

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