

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

Office Use Only

2016 JUL 21 AM 10:30

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

ROBERTS ELECTION COMMITTEE

ADDRESS (number and street)

PO BOX 87

Check if different than previously reported. (ACC)

PILOT MOUNTAIN

NC

27041-0087

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00606848

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

STATE DISTRICT

NC 05

1. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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

3-11-16

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 04/01/2016 through 06/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JAMES H. ROBERTS

Signature of Treasurer

James H Roberts

Date

07/21/2016

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

Office Use Only

674 7/21

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

ROBERTS ELECTION COMMITTEE

Report Covering the Period:

From:

04 ' 01 ' 2016

To:

06 ' 30 ' 2016

**COLUMN A
This Period**

**COLUMN B
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

322.02

2,161.02

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

322.02

2,161.02

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line-17)

9,566.84

29,604.85

(b) Total Offsets to Operating
Expenditures (from Line 14)

55.00

55.00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

9,511.84

29,549.85

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

5,351.79

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

0

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

32,739.99

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9,566.84	29,604.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	— 0 —	— 0 —
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	— 0 —	— 0 —
(b) Of All Other Loans.....	— 0 —	— 0 —
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	— 0 —	— 0 —
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	— 0 —	— 0 —
(b) Political Party Committees.....	— 0 —	— 0 —
(c) Other Political Committees (such as PACs).....	— 0 —	— 0 —
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	— 0 —	— 0 —
21. OTHER DISBURSEMENTS.....	— 0 —	— 0 —
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9,566.84	29,604.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9,540.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5,327.75
25. SUBTOTAL (add Line 23 and Line 24).....	14,918.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,566.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5,351.79

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 1 OF 2
	<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)
ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial) ASHBY, EDWARD C		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 217 LAUREL RIDGE PLACE		Amount of Each Receipt this Period 75.00
City MT. AIRY	State Zip Code NC 27030	
FEC ID number of contributing federal political committee. C.		Memo Item
Name of Employer SURREY BANK	Occupation CEO	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 75.00	

Full Name (Last, First, Middle Initial) BLACKBURN, ROBIN		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address TWIN OAKS DR.		Amount of Each Receipt this Period 24.01
City KING	State Zip Code NC 27021	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer RETIRED	Occupation RETIRED TEACHER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) BRIAN KREBS		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address 1038 CASCADE DR.		Amount of Each Receipt this Period 24.01
City WINSTON-SALEM	State Zip Code NC 27127	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer UNKNOWN	Occupation UNKNOWN	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 24.01	

SUBTOTAL of Receipts This Page (optional).....	123.02
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **2** OF **2**
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

CLYDE INGLE

Mailing Address

9550 SHEETS GAP ROAD

City

LAUREL SPRINGS

State

NC

Zip Code

28644

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED CPA

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

Date of Receipt

05 25 2016

Amount of Each Receipt this Period

1,000.00

Memo Item

Full Name (Last, First, Middle Initial)

GLORIA E LAWRENCE

Mailing Address

182 FOREST KNOLL DR.

City

MOUNT AIRY

State

NC

Zip Code

27030

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED TEACHER

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

05 25 2016

Amount of Each Receipt this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

GLORIA E. LAWRENCE

Mailing Address

182 FOREST KNOLL DR.

City

MOUNT AIRY

State

NC

Zip Code

27030

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED TEACHER

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

99.00

Date of Receipt

06 22 2016

Amount of Each Receipt this Period

49.00

Memo Item

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

199.00

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

32202

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 / OF /

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

DUKE ENERGY

Mailing Address

PO BOX 1090

City

CHARLOTTE

State

NC

Zip Code

28201

FEC ID number of contributing federal political committee.

C

N/A

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) **DEPOSIT REFUND**

Election Cycle-to-Date

27.00

Date of Receipt

05 / 22 / 2016

Amount of Each Receipt this Period

27.00

Memo Item **REFUND FROM ELECTRIC DEPOSIT**

Full Name (Last, First, Middle Initial)

DUKE ENERGY

Mailing Address

PO BOX 1090

City

CHARLOTTE

State

NC

Zip Code

28201

FEC ID number of contributing federal political committee.

C

N/A

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) **INTEREST ON DEPOSIT**

Election Cycle-to-Date

-0-73

Date of Receipt

05 / 22 / 2016

Amount of Each Receipt this Period

-0-73

Memo Item **INTEREST ON DEPOSIT**

Full Name (Last, First, Middle Initial)

DUKE ENERGY

Mailing Address

PO BOX 1090

City

CHARLOTTE

State

NC

Zip Code

28201

FEC ID number of contributing federal political committee.

C

N/A

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) **FINAL ELECTRIC EXPENSE DEDUCTED FROM DEPOSIT**

Election Cycle-to-Date

28.00

Date of Receipt

05 / 22 / 2016

Amount of Each Receipt this Period

28.00

Memo Item **ELECTRIC EXPENSE DEDUCTED FROM DEPOSIT FINAL**

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

55.73

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

55.73

**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 1 OF 6			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BEL VUE Trophy Shop

Mailing Address
211 N. MAIN ST.

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

Purpose of Disbursement
NAME BADGES - VOLUNTEERS

Candidate Name
JIM ROBERTS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

Date of Disbursement
04 / 06 / 2016

Amount of Each Disbursement this Period
8201

Memo Item

Category/Type
001

Full Name (Last, First, Middle Initial)

B. TILLEY Photography

Mailing Address
4252 SILOAM RD.

City **Dobson** State **NC** Zip Code **27017**

Purpose of Disbursement
PUBLICITY PHOTOS

Candidate Name
JIM ROBERTS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

Date of Disbursement
04 / 14 / 2016

Amount of Each Disbursement this Period
12500

Memo Item

Category/Type

Full Name (Last, First, Middle Initial)

C. CITY OF MOUNT AIRY

Mailing Address
PO BOX 1725

City **MT. AIRY, NC** State **NC** Zip Code **27030**

Purpose of Disbursement
UTILITIES

Candidate Name
JIM ROBERTS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

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

Date of Disbursement
04 / 12 / 2016

Amount of Each Disbursement this Period
2374

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **23075**

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 2 OF 6	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

A. Full Name (Last, First, Middle Initial) *BAL VUE Trophy shop*

Mailing Address *211 N. MAIN ST*

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

Purpose of Disbursement *VOLUNTEER NAME BADGE*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *04 / 21 / 2016*

Amount of Each Disbursement this Period: *1122*

Memo Item

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

Mailing Address *3290 VAN DR.*

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

Purpose of Disbursement *BROCHURES*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *04 / 25 / 2016*

Amount of Each Disbursement this Period: *119026*

Memo Item

C. Full Name (Last, First, Middle Initial) *MEDIA CORP. CHRISTENSEN & ASSOCIATES*

Mailing Address *322 A ST. SE*

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

Purpose of Disbursement *GENERAL CONSULTING*

Candidate Name *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement: *05 / 03 / 2016*

Amount of Each Disbursement this Period: *600000*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *720198*

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 3 OF 6

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

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NAME OF COMMITTEE (In Full)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. *BEL VUE Trophy*

Mailing Address
201 N. MAIN ST.

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

Purpose of Disbursement
VOLUNTEER NAME BADGES

Candidate Name
JIM ROBERTS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: *NC* District: *05*

Date of Disbursement

05 / 03 / 2016

Amount of Each Disbursement this Period

2343

Memo Item

Full Name (Last, First, Middle Initial)

B. *CITY OF MT-AIRY*

Mailing Address
PO BOX 1775

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

Purpose of Disbursement
UTILITIES

Candidate Name
JIM ROBERTS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: *NC* District: *05*

Date of Disbursement

05 / 11 / 2016

Amount of Each Disbursement this Period

2374

Memo Item

Full Name (Last, First, Middle Initial)

C. *CITY OF WINSTON-SALEM*

Mailing Address
100 E. 1ST ST.

City *WINSTON-SALEM, NC* State *NC* Zip Code *27102*

Purpose of Disbursement
CIVIL ASSESSMENT - SIGNS

Candidate Name
JIM ROBERTS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: *NC* District: *05*

Date of Disbursement

05 / 10 / 2016

Amount of Each Disbursement this Period

10000

Memo Item

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

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

14717

**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 5 OF 6

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

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NAME OF COMMITTEE (In Full)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. *VOICE BROADCASTING CORP.*

Mailing Address: *1527 S. COOPER ST.*

City: *ARLINGTON* State: *TX* Zip Code: *76010*

Purpose of Disbursement: *PROFESSIONAL CALLING*

Candidate Name: *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement

05 / 24 / 2016

Amount of Each Disbursement this Period

247.00

Memo Item

B. *CITY OF MT. AIRY*

Mailing Address: *PO BOX 1725*

City: *MT. AIRY* State: *NC* Zip Code: *27030*

Purpose of Disbursement: *UTILITIES*

Candidate Name: *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *06*

Date of Disbursement

06 / 08 / 2016

Amount of Each Disbursement this Period

33.36

Memo Item

C. *DUKE ENERGY*

Mailing Address: *PO BOX 1090*

City: *CHARLOTTE* State: *NC* Zip Code: *28201*

Purpose of Disbursement: *UTILITIES*

Candidate Name: *JIM ROBERTS*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NC* District: *05*

Date of Disbursement

05 / 18 / 2016

Amount of Each Disbursement this Period

28.00

Memo Item

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

808.36

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

808.36

**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)

ROBERTS ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. *WHITEHEART OUTDOOR ADVERTISING*

Mailing Address *PO BOX 40*

City *LEWISVILLE* State *NC* Zip Code *27023*

Purpose of Disbursement *BILLBOARD ADVERTISING*

Candidate Name *JIM ROBERTS*

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

State: *NC* District: *05*

Date of Disbursement

05 / *28* / *2016*

Amount of Each Disbursement this Period

499.00

Memo Item

3. *KERNERSVILLE NEWS*

Mailing Address *PO BOX 337*

City *KERNERSVILLE* State *NC* Zip Code *27285*

Purpose of Disbursement *NEWSPAPER ADVERTISING*

Candidate Name *JIM ROBERTS*

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

State: *NC* District: *05*

Date of Disbursement

06 / *10* / *2016*

Amount of Each Disbursement this Period

249.00

Memo Item

C. *BEST MEDIA INC*

Mailing Address *1451 S. ELM - EUGENE*

City *GREENSBORO* State *NC* Zip Code *27406*

Purpose of Disbursement *NEWSPAPER ADVERTISING*

Candidate Name *JIM ROBERTS*

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

State: *NC* District: *05*

Date of Disbursement

06 / *30* / *2016*

Amount of Each Disbursement this Period

100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)

848.00

TOTAL This Period (last page this line number only)

9566.84

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE / OF /

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

ROBERTS ELECTION COMMITTEE

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

ROBERTS, JAMES H. PERSONAL FUNDS

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

694 CARSON ROAD

City

PILOT MOUNTAIN, NC

State

ZIP Code

2704

Original Amount of Loan

500000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

3223929

TERMS

Date Incurred

05 / 27 / 2016

Date Due

05 / 27 / 2019

Interest Rate

18.00 % (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: *0*

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: *0*

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: *0*

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: *0*

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

500000

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

500000

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 / OF /
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ROBERTS ELECTION COMMITTEE

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

Outstanding Balance Beginning This Period 277,399.99	Amount Incurred This Period 5,000.00	Payment This Period — 0 —	Outstanding Balance at Close of This Period 327,399.99
--	--	-------------------------------------	--

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

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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1) SUBTOTALS This Period This Page (optional)	277,399.99
2) TOTALS This Period (last page this line number only)	5,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	327,399.99
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

POSTAGE WILL BE PAID BY ADDRESSEE



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TAM, NC.

25041

FEDERAL ELECTION COMMISSION

999 E STREET, NW

WASHINGTON, D.C.

20463

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2016 JUL 21

