



**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 15

Write or Type Committee Name

ROB MILLER FOR CONGRESS 2008

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 0.00                    | 20431.97                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 0.00                    | 20431.97                           |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 0.00                    | 22620.79                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 0.00                    | 22620.79                           |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>51.34</b>            |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>100784.54</b>        |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ROB MILLER FOR CONGRESS 2008

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

**I. RECEIPTS**

| COLUMN A<br>Total this Period  | COLUMN B<br>Election Cycle Total as of<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table><br>(date of general election) | M    | M | 1 | 1 | D | D | 0 | 2 | Y | Y | Y | Y | 2 | 0 | 1 | 0 | COLUMN C<br>Total for<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table><br>(date after general election)<br><br>through<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table><br>(last day of reporting period) | M | M | 1 | 1 | D | D | 0 | 3 | Y | Y | Y | Y | 2 | 0 | 1 | 0 | M | M | 1 | 2 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 1 | 0 |
|--|--|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M  | M  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 2  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y  | Y    | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0  | 1    | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 3  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y  | Y    | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0  | 1    | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 2  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 1  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y  | Y    | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0  | 1    | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11. CONTRIBUTIONS<br>(other than loans) FROM:<br>(a) Individuals/Persons Other than<br>Political Committees<br>(i) Itemized (Use Schedule A) | 5800.00  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (ii) Unitemized  | 1740.00  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (iii) Total of contributions from individuals  | 7540.00  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (b) Political Party Committees   | 0.00   | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (c) Other Political Committees   | 1600.31  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

| <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general Election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>Through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|--|--|
| (d) The Candidate   |  |  |
| 0.00  | 11291.66   | 0.00   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |  |  |
| 0.00  | 20431.97   | 0.00   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |  |  |
| 89215.46  | 100000.00  | 19215.46   |
| 13. LOANS:  |  |  |
| (a) Made or Guaranteed by the Candidate   |  |  |
| 0.00  | 0.00   | 0.00   |
| (b). All Other Loans  |  |  |
| 0.00  | 0.00   | 0.00   |
| (c). TOTAL LOANS (add Lines 13(a) and (b))  |  |  |
| 0.00  | 0.00   | 0.00   |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)                       |  |  |
| 0.00  | 0.00   | 0.00   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc)                                       |  |  |
| 0.00  | 3336.12  | 0.00   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |  |  |
| 89215.46  | 123768.09  | 19215.46   |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Write or Type Committe Name

ROB MILLER FOR CONGRESS 2008

Report the covering period

From:

MM DD YYYY  
10 01 2010

To:

MM DD YYYY  
12 31 2010

**II. DISBURSEMENTS**

| <b>COLUMN A</b><br>Total this period                    | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES                              |  |   |
| 0.00  | 22620.79   | 0.00  |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES             |  |   |
| 0.00  | 0.00   | 0.00  |
| 19. LOAN PAYMENTS                                       |  |   |
| (a) Of Loans Made or Guaranteed by the Candidate        |  |   |
| 89215.46  | 100000.00  | 19215.46  |
| (b) Of All Other Loans                                  |  |   |
| 0.00  | 0.00   | 0.00  |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )  |  |   |
| 89215.46  | 100000.00  | 19215.46  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                        |  |   |
| (a) Individuals/Persons Other Than Political Committees |  |   |
| 0.00  | 0.00   | 0.00  |
| (b) Political Party Committees                          |  |   |
| 0.00  | 0.00   | 0.00  |

**POST ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

| COLUMN A<br>Total this period                                    | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|--|---|--|
| (c) Other political committees (such as PACs)                    |   |  |
| 0.00   | 0.00  | 0.00   |
| (d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )   |   |  |
| 0.00   | 0.00  | 0.00   |
| 21. OTHER DISBURSEMENTS  |   |  |
| 0.00   | 0.00  | 0.00   |
| 22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21) |   |  |
| 89215.46   | 122620.79   | 19215.46   |

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

|      |          |      |
|------|----------|------|
| 0.00 | 20431.97 | 0.00 |
|------|----------|------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

|      |          |      |
|------|----------|------|
| 0.00 | 22620.79 | 0.00 |
|------|----------|------|

**V. CASH SUMMARY**

|  |          |
|--|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....                            | 51.34    |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....                              | 89215.46 |
| 25. SUBTOTAL(add Line 23 and Line 24) .....  | 89266.80 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....                         | 89215.46 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 51.34    |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**ROB MILLER FOR CONGRESS 2008**

**A.** Full Name (Last, First, Middle Initial)  
 ROB MILLER FOR CONGRESS  
 Mailing Address 219 Scott's Street  
 City State Zip Code  
 Beaufort SC 29902  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 4 / 2 0 1 0  
**Transaction ID: SA12.4103**  
 Amount of Each Receipt this Period  
 10000.00  
 FEC ID number of contributing federal political committee. **C** C00462770  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 40000.00  
 Transfer for Loan Repayment

**B.** Full Name (Last, First, Middle Initial)  
 ROB MILLER FOR CONGRESS  
 Mailing Address 219 Scott's Street  
 City State Zip Code  
 Beaufort SC 29902  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0  
**Transaction ID: SA12.4104**  
 Amount of Each Receipt this Period  
 60000.00  
 FEC ID number of contributing federal political committee. **C** C00462770  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 100000.00  
 Transfer for Loan Repayment

**C.** Full Name (Last, First, Middle Initial)  
 ROB MILLER FOR CONGRESS  
 Mailing Address 219 Scott's Street  
 City State Zip Code  
 Beaufort SC 29902  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 7 / 2 0 1 0  
**Transaction ID: SA12.4105**  
 Amount of Each Receipt this Period  
 19215.46  
 FEC ID number of contributing federal political committee. **C** C00462770  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 19215.46  
 Transfer for Loan Repayment

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89215.46  
**TOTAL** This Period (last page this line number only) ..... ► 89215.46

**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  |

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

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Robert Lauransom Miller<br><hr/> Mailing Address 219 Scott's St<br><hr/> City Beaufort State SC Zip Code 29902<br><hr/> Purpose of Disbursement<br>Debt Repayment<br>Candidate Name<br>Robert Lauransom Miller<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB19A.4120<br>Date of Disbursement<br>10 / 04 / 2010 |
|   | Amount of Each Disbursement this Period<br>10000.00                  |
|   | Category/<br>Type  |
|   | [Empty Box]  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Robert Lauransom Miller<br><hr/> Mailing Address 219 Scott's St<br><hr/> City Beaufort State SC Zip Code 29902<br><hr/> Purpose of Disbursement<br>Debt Repayment<br>Candidate Name<br>Robert Lauransom Miller<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB19A.4116<br>Date of Disbursement<br>10 / 20 / 2010 |
|   | Amount of Each Disbursement this Period<br>30000.00                  |
|   | Category/<br>Type  |
|   | [Empty Box]  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Robert Lauransom Miller<br><hr/> Mailing Address 219 Scott's St<br><hr/> City Beaufort State SC Zip Code 29902<br><hr/> Purpose of Disbursement<br>Debt Repayment<br>Candidate Name<br>Robert Lauransom Miller<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB19A.4118<br>Date of Disbursement<br>10 / 20 / 2010 |
|   | Amount of Each Disbursement this Period<br>30000.00                  |
|   | Category/<br>Type  |
|   | [Empty Box]  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 70000.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

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

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

FOR LINE NUMBER:  
(check only one)

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|                          |     |                          |     |                                     |     |                          |     |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|
| <input 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  |

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

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

A.

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

Transaction ID: SB19A.4121  
Date of Disbursement

Mailing Address 219 Scott's St

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 7 |   | 2 | 0 | 1 | 0 |

City State Zip Code  
Beaufort SC 29902

Amount of Each Disbursement this Period

|          |
|----------|
| 19215.46 |
|----------|

Purpose of Disbursement  
Debt Repayment

|  |
|--|
|  |
|--|

Candidate Name  
Robert Lauransom Miller

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

|          |
|----------|
| 19215.46 |
|----------|

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

|          |
|----------|
| 89215.46 |
|----------|

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

Transaction ID: SC/10.4112

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 60000.00                | 60000.00                   | 0.00  |

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 03 31 2008 12/31/2020 0.0000 % (apr)

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

| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
|---|---|
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                                   |
|---|-----------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="0.00"/> |
| <b>TOTALS</b> 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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

Transaction ID: SC/10.4111

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 40000.00                | 19215.46                   | 20784.54                                    |

**TERMS**

Date Incurred: MM DD YY Y Y Y Y  Secured:  Yes  No  
 05 21 2008 05/21/2020 Interest Rate: 0.0000 % (apr)

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

| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
|---|---|
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                                       |
|---|---------------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="20784.54"/> |
| <b>TOTALS</b> 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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

Transaction ID: SC/10.4110

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 10000.00                | 10000.00                   | 0.00  |

**TERMS**

Date Incurred: MM/ DD / YYYY = 06 / 30 / 2008  
Date Due: 12/31/2015  
Interest Rate: 0.0000 % (apr)  
Secured:  Yes  No

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

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

|   |      |
|---|------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | 0.00 |
| <b>TOTALS</b> 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)

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

## LOANS

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

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

Transaction ID: SC/10.4108

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 40000.00                | 0.00                       | 40000.00                                    |

### TERMS

Date Incurred: MM DD YY Y Y Y Y  M  D 09 24 2008  
 Date Due: 10/15/2020  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  No

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

| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
|---|---|
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

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

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

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
ROB MILLER FOR CONGRESS 2008

Transaction ID: SC/10.4109

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 20000.00                | 0.00                       | 20000.00                                    |

**TERMS**

Date Incurred    Date Due  Interest Rate  % (apr) Secured:  Yes  No

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

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                                       |
|---|---------------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="20000.00"/> |
| <b>TOTALS</b> 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)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
 ROB MILLER FOR CONGRESS 2008

**Transaction ID: SC/10.4107**

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 219 Scott's St

City Beaufort State SC ZIP Code 29902

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 50000.00                | 30000.00                   | 20000.00                                    |

**TERMS**

| Date Incurred            | Date Due   | Interest Rate  | Secured:  |
|--------------------------|------------|----------------|---|
| MM DD YYYY<br>10 20 2008 | 10/20/2028 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
|---|---|
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                         | Occupation  |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input type="text"/> |

|   |                  |
|---|------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <b>20000.00</b>  |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <b>100784.54</b> |

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