

# 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  
Robinson for Congress

ADDRESS (number and street) 5 Halifax Ct  
 Check if different than previously reported. (ACC) Marlton NJ 08053

2. **FEC IDENTIFICATION NUMBER** ▼ C C00611327 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NC 13

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
05 / 19 / 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 Elizabeth Curtis  
Signature of Treasurer Elizabeth Curtis *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 15 / 2016

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  
**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))....	21621.34	91749.77
(b) Total Contribution Refunds (from Line 20(d)) .....	300.00	1300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21321.34	90449.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	59162.03	87603.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	539.00	539.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58623.03	87064.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3385.58	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	966.80	

**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

**Robinson for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9200.00	43050.00
(ii) Unitemized.....	12421.34	46699.77
(iii) TOTAL of contributions from individuals ▶	21621.34	89749.77
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21621.34	91749.77
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	539.00	539.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	22160.34	92288.77

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59162.03	87603.19
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 .....	300.00	1300.00
(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)).....	300.00	1300.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	59462.03	88903.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	40687.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22160.34
25. SUBTOTAL (add Line 23 and Line 24).....	62847.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59462.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3385.58

**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 77
	<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)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**America's PAC**

Mailing Address 33 south road

City State Zip Code  
Fremont NH 03044

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : SA11AI.6230**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Avon Lee Babb**

Mailing Address 1500 E College Way Ste 448

City State Zip Code  
Mount Vernon WA 98273

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11AI.6072**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Donelson**

Mailing Address 2560 Plymouth Street

City State Zip Code  
Marion IA 53202

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

Name of Employer Occupation  
Self Employed Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.6262**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00

**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 77
	<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)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Eberle**

Mailing Address 1449 Montague Dr

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
ECG Inc Fundraiser

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

**Transaction ID : SA11AI.6223**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John Estes**

Mailing Address 439 Westbrook Drive

City State Zip Code  
Monroeville AL 36460

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

Name of Employer Occupation  
J. E. Estes Wood Company Forester

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : SA11AI.6226**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Vincent Hennessy**

Mailing Address 21321 Babcock Rd, Bldg 1

City State Zip Code  
San Antonio TX 78255

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : SA11AI.6228**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 77
	<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)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Lapidus**

Mailing Address 845 United Nations PLZ

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : SA11AI.6219**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Tom McGee**

Mailing Address 30 Longview Court

City State Zip Code  
Franklin NC 28734

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

**Transaction ID : SA11AI.6221**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Betty H McRae**

Mailing Address 8101 North 47th Street

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2016

**Transaction ID : SA11AI.6217**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 77
	<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)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Nelson**

Mailing Address 193 Rycroft SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : SA11AI.6180**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Priscilla K Nicholson**

Mailing Address 4903 Canyonwood Dr

City Austin State TX Zip Code 78735

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2016

**Transaction ID : SA11AI.4145**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Hugh Owen**

Mailing Address 952 Kelly Rd

City Mount Jackson State VA Zip Code 22842

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

Name of Employer Self Employed Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : SA11AI.6224**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 77
	<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)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gregg Stopher**

Mailing Address 4334 Big House Rd

City Norcross State GA Zip Code 30092

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

Name of Employer Imagine Advertising Occupation Advertising

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

**Transaction ID : SA11AI.6150**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**USA First PAC**

Mailing Address 8705 B Oolesville Rd Ste 149

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : SA11AI.6178**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2750.00

9200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**USPS**

Mailing Address 123 E Main St

City Marlton State NJ Zip Code 08053

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA14.6212**

Amount of Each Receipt this Period  
 539.00

Memo Item  
 Refund of Postage

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

539.00

539.00

**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 11 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 74.41
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Credit Card Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6195</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 23.74
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Credit Card Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6194</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 7.13
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Credit Card Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6259</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.28
<b>TOTAL</b> 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 12 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 80.83
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees		Memo Item <input type="checkbox"/>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.6193</b>
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 196.54
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees		Memo Item <input type="checkbox"/>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.6192</b>
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 26.53
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees		Memo Item <input type="checkbox"/>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.6191</b>
State: NC District: 13	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	303.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 12.30
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Credit Card Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6190</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2016
Mailing Address PO Box 84314		Amount of Each Disbursement this Period 0.69
City Baton Rouge	State LA	
Zip Code 70884	Purpose of Disbursement Credit Card Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type 001	<b>Transaction ID : SB17.6147</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Maurice Atkinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 695 Friar Tuck Ln		Amount of Each Disbursement this Period 1200.00
City Macon	State GA	
Zip Code 31220	Purpose of Disbursement Website Services	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6129</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1212.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bennett Place</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 387 Ja Max Dr		Amount of Each Disbursement this Period 50.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6441</b>
City Hillsborough	State NC	
Zip Code 27278	Purpose of Disbursement memo item for candidate repayment of event tickets	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Big Daddy's Seafood</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1162 River Hwy		Amount of Each Disbursement this Period 20.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6398</b>
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement memo item for loan repayment of meals	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Blue Bay Seafood</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2050 Statesville Rd		Amount of Each Disbursement this Period 30.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6396</b>
City Salisbury	State NC	
Zip Code 28147	Purpose of Disbursement Memo Item for loan repayment of meals	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Bay Seafood</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2050 Statesville Rd			Amount of Each Disbursement this Period 12345678901234567890 4.00
City Salisbury	State NC	Zip Code 28147	
Purpose of Disbursement memo item for loan repayment of meals			<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6399</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC	District: 13		

Full Name (Last, First, Middle Initial) <b>B. Blue Bay Seafood</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2050 Statesville Rd			Amount of Each Disbursement this Period 12345678901234567890 6.87
City Salisbury	State NC	Zip Code 28147	
Purpose of Disbursement memo item for candidate repayment of meals			<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6450</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC	District: 13		

Full Name (Last, First, Middle Initial) <b>c. Campaign Funding Direct Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 1420 Spring Hill Rd Ste 490			Amount of Each Disbursement this Period 12345678901234567890 1215.00
City McLean	State VA	Zip Code 22102	
Purpose of Disbursement Fundraising Mailing Costs			<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6200</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NC	District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1215.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 77	
	<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)  
**Robinson for Congress**

**A. Card and Form Solutions**

Full Name (Last, First, Middle Initial)  
Mailing Address 648 N Peace Haven Rd

City Winston Salem State NC Zip Code 27104

Purpose of Disbursement Direct Mail Services

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 06 / 2016

Amount of Each Disbursement this Period: 1269.02

Memo Item

Transaction ID : SB17.6123

**B. Cereberus Firearms**

Full Name (Last, First, Middle Initial)  
Mailing Address 704 Jake Alexander Blvd

City Salisbury State NC Zip Code 28147

Purpose of Disbursement memo item for candidate repayment of event tickets

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 60.00

Memo Item

Transaction ID : SB17.6435

**c. Cinco de Mayo**

Full Name (Last, First, Middle Initial)  
Mailing Address 10009 Weddington Rd. Ext.

City Concord State NC Zip Code 28072

Purpose of Disbursement memo item for candidate repayment of meals

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 18.75

Memo Item

Transaction ID : SB17.6455

**SUBTOTAL** of Disbursements This Page (optional) ..... 1269.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. CP Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 4600A Boston Way		Amount of Each Disbursement this Period 1367.98 <input type="checkbox"/> Memo Item
City Lanham	State MD	
Zip Code 20706	Purpose of Disbursement Printing	Transaction ID : <b>SB17.6201</b>
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Curtis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 5 Halfix Ct		Amount of Each Disbursement this Period 1680.00 <input type="checkbox"/> Memo Item
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Treasury Consulting	Transaction ID : <b>SB17.6122</b>
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Elizabeth Curtis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 5 Halfix Ct		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Treasury Consulting	Transaction ID : <b>SB17.6135</b>
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5047.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Davie County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address PO Box 1032		Amount of Each Disbursement this Period 60.00
City Mocksville	State NC	
Zip Code 27028		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement memo item for candidate repayment of event tickets		
Candidate Name <b>Robinson for Congress</b>		Transaction ID : <b>SB17.6442</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Peter Delaney Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1813 E Grace St		Amount of Each Disbursement this Period 548.05
City Richmond	State VA	
Zip Code 23223		<input type="checkbox"/> Memo Item
Purpose of Disbursement See Memo Items Below		
Candidate Name <b>Robinson for Congress</b>		Transaction ID : <b>SB17.6325</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Thelma's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1935 Jake Alexander Blvd W		Amount of Each Disbursement this Period 10.17
City Salisbury	State NC	
Zip Code 28147		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Meals		
Candidate Name <b>Robinson for Congress</b>		Transaction ID : <b>SB17.6325.0</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	548.05
<b>TOTAL</b> 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 19 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. CJ's BBQ</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 885 S Salisbury Ave		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.1</b>
City Mocksville	State NC Zip Code 27028	
Purpose of Disbursement Meals	Category/Type	
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Whole Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 3202 W Friendly Ave		Amount of Each Disbursement this Period 9.21 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.2</b>
City Greensboro	State NC Zip Code 27408	
Purpose of Disbursement Meals	Category/Type	
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1091 Hanes Mall Blvd		Amount of Each Disbursement this Period 42.58 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.3</b>
City Winston Salem	State NC Zip Code 27103	
Purpose of Disbursement Fuel	Category/Type	
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 20 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sticks &amp; Stones</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 2200 Walker Ave		Amount of Each Disbursement this Period 17.89
City Greensboro	State NC	
Purpose of Disbursement Meals		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.4</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 9.60
City Clemmons	State NC	
Purpose of Disbursement Palm Cards		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.5</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Hyatt Regency Greensboro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1619 Stanley Rd		Amount of Each Disbursement this Period 217.92
City Greensboro	State NC	
Purpose of Disbursement Lodging		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6325.6</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 21 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. RentalCars.com</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 188.92
City Norwalk	State CT	
Zip Code 06854	Purpose of Disbursement Rental Car	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6325.7</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Lowe's Food</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 110 Yadkin Valley Rd		Amount of Each Disbursement this Period 41.75
City Bermuda Run	State NC	
Zip Code 27003	Purpose of Disbursement Fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6325.8</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1452 Yadkinville Rd		Amount of Each Disbursement this Period 8.92
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement memo item for candidate repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6461</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 22 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dynasty Chinese</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1101 Yadkinville Rd		Amount of Each Disbursement this Period 17.40
City Mocksville State NC Zip Code 27118	Purpose of Disbursement memo item for candidate repayment of meals	
Candidate Name <b>Robinson for Congress</b> Category/Type		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6449</b>
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Dynasty Chinese</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1101 Yadkinville Rd		Amount of Each Disbursement this Period 34.20
City Mocksville State NC Zip Code 27118	Purpose of Disbursement memo item for candidate repayment of meals	
Candidate Name <b>Robinson for Congress</b> Category/Type		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6459</b>
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Eastern Costume Co</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address PO Box 762		Amount of Each Disbursement this Period 42.80
City Salisbury State NC Zip Code 28145	Purpose of Disbursement memo item for candidate repayment of fundraiser supplies	
Candidate Name <b>Robinson for Congress</b> Category/Type		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6431</b>
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 23 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. EventBrite</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 155 5th St		Amount of Each Disbursement this Period 31.36
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Memo Item for Loan repayment of credit card fees	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6383</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Exxon</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 230 Blythewood Rd		Amount of Each Disbursement this Period 45.63
City Blythewood	State SC	
Zip Code 29016	Purpose of Disbursement memo item for loan repayment of fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6407</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 500.37
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6120</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.37
<b>TOTAL</b> 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 24 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 228.15
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6121</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 686.95
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6124</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 63.32
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6125</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	978.42
<b>TOTAL</b> 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 25 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.26
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6126</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 750.03
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6132</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 447.91
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6133</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1948.20
<b>TOTAL</b> 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 26 OF 77			
	<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)  
**Robinson for Congress**

**A. FVCB**

Full Name (Last, First, Middle Initial)  
Mailing Address 11325 Random Hills Rd

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Bank Fees

Candidate Name  
**Robinson for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NC District: 13

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 30 / 2016

Amount of Each Disbursement this Period  
106.95

Memo Item

Transaction ID : SB17.6210

**B. Iredell GOP**

Full Name (Last, First, Middle Initial)  
Mailing Address 110 Stockton St Ste B

City State Zip Code  
Statesville NC 28677

Purpose of Disbursement  
memo item for candidate repayment of event tickets

Candidate Name  
**Robinson for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NC District: 13

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 01 / 2016

Amount of Each Disbursement this Period  
103.74

Memo Item

Transaction ID : SB17.6434

**c. Just Great Software**

Full Name (Last, First, Middle Initial)  
Mailing Address 165/3 moo 2

City State Zip Code  
Rawai Phuket, Thailand

Purpose of Disbursement  
Memo Item for Loan Repayment of Software

Candidate Name  
**Robinson for Congress**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NC District: 13

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 01 / 2016

Amount of Each Disbursement this Period  
69.95

Memo Item

Transaction ID : SB17.6379

**SUBTOTAL** of Disbursements This Page (optional) ..... 106.95

**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 27 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kangaroo</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 806 Broad River Rd		Amount of Each Disbursement this Period 105.37
City Columbia	State SC	
Zip Code 29210	Purpose of Disbursement memo item for loan repayment of fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6403</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Lowe's</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 935 Hanes Mall Blvd		Amount of Each Disbursement this Period 15.99
City Winston Salem	State NC	
Zip Code 27103	Purpose of Disbursement memo item for candidate repayment of office supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6424</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Miller's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 710 Wilkesboro St		Amount of Each Disbursement this Period 12.32
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement Memo Item for loan repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6397</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 28 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Miller's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 710 Wilkesboro St		Amount of Each Disbursement this Period 10.75
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement memo item for candidate repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6448</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 336.18
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6282</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 116.10
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Email Server	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6283</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	452.28
<b>TOTAL</b> 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 29 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 69.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6284</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Software	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 26.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6285</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Website Services	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>C. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 31.36 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6286</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Credit Card Fees	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	128.26
<b>TOTAL</b> 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 30 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 64.83
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Palm Cards	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6287</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 109.93
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Copies	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6288</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 13.00
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6289</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	187.76
<b>TOTAL</b> 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 31 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 13.00
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6290</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 272.17
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Fuel	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6291</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 42.32
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Meals	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6292</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	327.49
<b>TOTAL</b> 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 32 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 90.34 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6293</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6294</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Meals	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>C. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 50.67 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6295</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Event Supplies	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.01
<b>TOTAL</b> 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 33 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 251.30 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6358</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Mileage	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6245</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 121.45 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6246</b>
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Mileage	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	588.75
<b>TOTAL</b> 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 34 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 514.70
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement See Memo Items Below	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6247</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 44.57
City Clemmons	State NC	
Zip Code 27012	Purpose of Disbursement Palm Cards	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6247.0</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Thelma's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1935 Jake Alexander Blvd W		Amount of Each Disbursement this Period 50.00
City Salisbury	State NC	
Zip Code 28147	Purpose of Disbursement Room Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6247.1</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	514.70
<b>TOTAL</b> 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 35 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Black Chicken Coffee House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 23 W. 2nd St		Amount of Each Disbursement this Period 33.00
City Lexington	State NC	
Zip Code 27292	Purpose of Disbursement Room Rental	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB17.6247.2</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Thelma's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1935 Jake Alexander Blvd W		Amount of Each Disbursement this Period 20.38
City Salisbury	State NC	
Zip Code 28147	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB17.6247.3</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 1452 Yadkinville Rd		Amount of Each Disbursement this Period 17.33
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB17.6247.4</b>
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 36 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 23.05
City Clemmons State NC Zip Code 27012	Purpose of Disbursement Palm Cards	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6247.5</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SendGrid</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 141 Larimer St. 3rd Fl		Amount of Each Disbursement this Period 199.95
City Denver State CO Zip Code 80202	Purpose of Disbursement Email Server	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6247.6</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Jonah Wendt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 100.00
City Columbia State SC Zip Code 29203	Purpose of Disbursement Payroll	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6247.7</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 37 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. O'Callahans</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2016
Mailing Address 115 N. Main St		Amount of Each Disbursement this Period 26.42
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement Meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Category/Type	Transaction ID : SB17.6247.8
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Matthew Miller</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 4265 Williamsburg Dr		Amount of Each Disbursement this Period 3250.00
City Columbia	State SC	
Zip Code 29203	Purpose of Disbursement Management Consulting	<input type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Category/Type	Transaction ID : SB17.6136
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Mooresville Tribune</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 147 East Center Ave		Amount of Each Disbursement this Period 5.00
City Mooresville	State NC	
Zip Code 28115	Purpose of Disbursement memo item for candidate repayment of newspapers	<input checked="" type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Category/Type	Transaction ID : SB17.6429
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<b>TOTAL</b> 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 38 OF 77			
	<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)  
**Robinson for Congress**

**A. National Right to Life**

Full Name (Last, First, Middle Initial)  
Mailing Address 512 10th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement List Rental

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 05 / 26 / 2016

Amount of Each Disbursement this Period: 465.00

Memo Item

Transaction ID : SB17.6172

**B. NCBOE**

Full Name (Last, First, Middle Initial)  
Mailing Address 441 North Harrington St

City Raleigh State NC Zip Code 27603

Purpose of Disbursement memo item for candidate repayment of filing fee

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 1740.00

Memo Item

Transaction ID : SB17.6423

**C. NC GOP**

Full Name (Last, First, Middle Initial)  
Mailing Address 1506 Hillsborough St

City Raleigh State NC Zip Code 27605

Purpose of Disbursement memo item for candidate repayment of event tickets

Candidate Name Robinson for Congress

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 100.00

Memo Item

Transaction ID : SB17.6439

**SUBTOTAL** of Disbursements This Page (optional) ..... 465.00

**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 39 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. NRA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 11250 Waples Mill Rd		Amount of Each Disbursement this Period 245.00
City State Zip Code Fairfax VA 22030	Purpose of Disbursement memo item for candidate repayment of event tickets	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6437</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 140 Stratford Commons Ct		Amount of Each Disbursement this Period 73.65
City State Zip Code Winston Salem NC 27103	Purpose of Disbursement memo item for candidate repayment of copies	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6427</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Omega List Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 1420 Spring Hill Rd Ste 490		Amount of Each Disbursement this Period 1500.00
City State Zip Code McLean VA 22102	Purpose of Disbursement List Rental	
Candidate Name <b>Robinson for Congress</b>		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6203</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> 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 40 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Omega List Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 1420 Spring Hill Rd Ste 490		Amount of Each Disbursement this Period 3300.00
City McLean	State VA Zip Code 22102	
Purpose of Disbursement List Rental	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6138</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Omega List Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 1420 Spring Hill Rd Ste 490		Amount of Each Disbursement this Period 1500.00
City McLean	State VA Zip Code 22102	
Purpose of Disbursement List Rental	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6204</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Plus! Computers Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 305 Gloucestershire Rd		Amount of Each Disbursement this Period 2250.00
City Winston Salem	State NC Zip Code 27104	
Purpose of Disbursement Website Services	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.6127</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7050.00
<b>TOTAL</b> 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 41 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Plus! Computers Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 305 Gloucestershire Rd		Amount of Each Disbursement this Period 2250.00
City Winston Salem	State NC	
Zip Code 27104	Purpose of Disbursement Website Services	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6137</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Point Blank Range</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 743 River Hwy		Amount of Each Disbursement this Period 281.53
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement memo item for candidate repayment of fundraiser supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6430</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 9.80
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6340</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2259.80
<b>TOTAL</b> 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 42 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6341</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Rent	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6342</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Rent	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 15.99 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6343</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2505.99
<b>TOTAL</b> 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 43 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 90.04 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6344</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement PO Box Rental	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 558.74 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6345</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Event Tickets	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 99.05 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6346</b>
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Meals	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	747.83
<b>TOTAL</b> 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 44 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 107.70
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Copies	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6347</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 770.35
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6348</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>C. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 324.33
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Fundraising Supplies	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6349</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1202.38
<b>TOTAL</b> 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 45 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 236.00
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Event Tickets	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6350</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 5.00
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Newspaper	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6351</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 67.25
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Copies	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6352</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	308.25
<b>TOTAL</b> 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 46 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 99.17
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Meals	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6353</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 1765.75
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement Mileage	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6354</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 5828.86
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement See Memo Item Below	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/ Type	<b>Transaction ID : SB17.6355</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7693.78
<b>TOTAL</b> 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 47 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Doyle Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 5206 46th Ave		Amount of Each Disbursement this Period 5828.86
City Hyattsville	State MD	
Zip Code 20781	Purpose of Disbursement Direct Mail Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2713 Edinburg Ln		Amount of Each Disbursement this Period 238.00
City Winston-Salem	State NC	
Zip Code 27103	Purpose of Disbursement See Memo Items Below	<input type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Waffle House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 3204 High Point Rd		Amount of Each Disbursement this Period 51.01
City Greensboro	State NC	
Zip Code 27407	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name Robinson for Congress	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.00
<b>TOTAL</b> 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 48 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Big Daddy's Seafood</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1162 River Hwy		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.1</b>
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Meals	Category/ Type
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Southern Lunch</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 26 S Railroad St		Amount of Each Disbursement this Period 46.20 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.2</b>
City Lexington	State NC	
Zip Code 27292	Purpose of Disbursement Meals	Category/ Type
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Miller's Restaurant</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 710 Wilkesboro St		Amount of Each Disbursement this Period 13.44 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.3</b>
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement Meals	Category/ Type
Candidate Name Robinson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mooresville Ice Cream Parlour</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 186 N Broad St		Amount of Each Disbursement this Period 13.24
City Mooresville	State NC	
Zip Code 28115	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6359.4</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Blue Bay Seafood</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2050 Statesville Rd		Amount of Each Disbursement this Period 24.47
City Salisbury	State NC	
Zip Code 28147	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6359.5</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Southern Lunch</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 26 S Railroad St		Amount of Each Disbursement this Period 8.22
City Lexington	State NC	
Zip Code 27292	Purpose of Disbursement Meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6359.6</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. La Caretta</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1989 Peace Haven Rd		Amount of Each Disbursement this Period 6.89
City Winston-Salem	State NC	
Purpose of Disbursement Meals		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.7</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. La Caretta</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1989 Peace Haven Rd		Amount of Each Disbursement this Period 29.16
City Winston-Salem	State NC	
Purpose of Disbursement Meals		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.8</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1452 Yadkinville Rd		Amount of Each Disbursement this Period 12.13
City Mocksville	State NC	
Purpose of Disbursement Meals		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6359.9</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 51 OF 77			
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mooresville Tribune</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016		
Mailing Address 147 East Center Ave			Amount of Each Disbursement this Period 20.00		
City Mooresville	State NC	Zip Code 28115	Category/ Type		
Purpose of Disbursement Newspapers					
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6359.10</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: NC	District: 13				

Full Name (Last, First, Middle Initial) <b>B. Vernon Lucius Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016		
Mailing Address 2713 Edinburg Ln			Amount of Each Disbursement this Period 1238.80		
City Winston-Salem	State NC	Zip Code 27103	Category/ Type		
Purpose of Disbursement See Memo Items Below					
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6256</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: NC	District: 13				

Full Name (Last, First, Middle Initial) <b>c. Thelma's Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016		
Mailing Address 1935 Jake Alexander Blvd W			Amount of Each Disbursement this Period 20.16		
City Salisbury	State NC	Zip Code 28147	Category/ Type		
Purpose of Disbursement Meals					
Candidate Name <b>Robinson for Congress</b>			Transaction ID : <b>SB17.6256.0</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: NC	District: 13				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1238.80
<b>TOTAL</b> 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 52 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Turn of the Century Bed &amp; Breakfast</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 529 S. Fulton St		Amount of Each Disbursement this Period 151.84
City Salisbury State NC Zip Code 28144	Purpose of Disbursement Lodging	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.1</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Black Chicken Coffee House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 23 W. 2nd St		Amount of Each Disbursement this Period 5.62
City Lexington State NC Zip Code 27292	Purpose of Disbursement Meals	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.2</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. HotWire</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 655 Montgomery St		Amount of Each Disbursement this Period 56.60
City San Francisco State CA Zip Code 94111	Purpose of Disbursement Lodging	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.3</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 53 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 67.25
City Clemmons State NC Zip Code 27012	Purpose of Disbursement Palm Cards	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.4</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Southern Lunch</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 26 S Railroad St		Amount of Each Disbursement this Period 50.01
City Lexington State NC Zip Code 27292	Purpose of Disbursement Meals	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.5</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Thomasville Diner</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 132 W Main St		Amount of Each Disbursement this Period 18.63
City Thomasville State NC Zip Code 27360	Purpose of Disbursement Meals	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.6</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 54 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. La Caretta</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016	
Mailing Address 1989 Peace Haven Rd			Amount of Each Disbursement this Period 71.62	
City Winston-Salem	State NC	Zip Code 27103	Category/ Type	
Purpose of Disbursement Meals				
Candidate Name <b>Robinson for Congress</b>			<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.7</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NC District: 13				

Full Name (Last, First, Middle Initial) <b>B. Kelly's Express</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016	
Mailing Address 1232 Eastchester Dr			Amount of Each Disbursement this Period 35.61	
City High Point	State NC	Zip Code 27265	Category/ Type	
Purpose of Disbursement Fuel				
Candidate Name <b>Robinson for Congress</b>			<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.8</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NC District: 13				

Full Name (Last, First, Middle Initial) <b>c. Vernon Lucius Robinson</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016	
Mailing Address 2713 Edinburg Ln			Amount of Each Disbursement this Period 752.15	
City Winston-Salem	State NC	Zip Code 27103	Category/ Type	
Purpose of Disbursement Mileage				
Candidate Name <b>Robinson for Congress</b>			<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.9</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NC District: 13				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 55 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wall Street Deli</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address 7327 W Friendly Ave		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6256.10</b>
City Greensboro State NC Zip Code 27410	Purpose of Disbursement Meals	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Rowan Museum</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 202 N Main St		Amount of Each Disbursement this Period 100.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6444</b>
City Salisbury State NC Zip Code 28147	Purpose of Disbursement memo item for candidate repayment of event tickets	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. SendGrid</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 141 Larimer St. 3rd Fl		Amount of Each Disbursement this Period 116.10 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6378</b>
City Denver State CO Zip Code 80202	Purpose of Disbursement Email Server	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 56 OF 77
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2201 South Barnes St		Amount of Each Disbursement this Period 121.17
City Reidsville	State NC	
Zip Code 27230	Purpose of Disbursement memo item for loan repayment of fuel	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6402</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. SiteGround</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 901 N Pitt St		Amount of Each Disbursement this Period 26.95
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Memo Item for Loan Repayment of Website Services	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6381</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Roger Spillman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address PO Box 738		Amount of Each Disbursement this Period 500.00
City Cooleemee	State NC	
Zip Code 27014	Purpose of Disbursement Rent	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6134</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> 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 57 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Roger Spillman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address PO Box 738		Amount of Each Disbursement this Period 750.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6409</b>
City Cooleemee	State NC	
Zip Code 27014	Purpose of Disbursement memo item for candidate repayment of rent	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 64.83 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6385</b>
City Clemmons	State NC	
Zip Code 27012	Purpose of Disbursement Memo item for loan repayment of Palm Cards	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 109.93 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6386</b>
City Clemmons	State NC	
Zip Code 27012	Purpose of Disbursement Memo item for loan repayment of copies	Category/ Type
Candidate Name <b>Robinson for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 58 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 90.34
City Clemmons State NC Zip Code 27012	Purpose of Disbursement Memo item for loan repayment of office supplies	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6390</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 37.97
City Clemmons State NC Zip Code 27012	Purpose of Disbursement memo item for loan repayment of event supplies	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6401</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 67.25
City Clemmons State NC Zip Code 27012	Purpose of Disbursement memo item for candidate repayment of copies	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6426</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 59 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 2509A Lewisville Commons Rd		Amount of Each Disbursement this Period 34.05
City Clemmons State NC Zip Code 27012	Purpose of Disbursement memo item for candidate repayment of copies	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6428</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Strategic--Solution</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 11206 Parkview Ln		Amount of Each Disbursement this Period 2542.80
City Summerville State SC Zip Code 29486	Purpose of Disbursement Social Media Consulting	
Candidate Name <b>Robinson for Congress</b>		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.6196</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Subway</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 261 Cooper Creek Dr		Amount of Each Disbursement this Period 42.70
City Mocksville State NC Zip Code 27028	Purpose of Disbursement memo item for candidate repayment of meals	
Candidate Name <b>Robinson for Congress</b>		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6446</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2542.80
<b>TOTAL</b> 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 60 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Travel Center of America</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1670 US Hwy 601 N		Amount of Each Disbursement this Period 13.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6387</b>
City Mocksville State NC Zip Code 27028	Purpose of Disbursement Memo Item for loan repayment of lodging	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Travel Center of America</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1670 US Hwy 601 N		Amount of Each Disbursement this Period 13.00 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6389</b>
City Mocksville State NC Zip Code 27028	Purpose of Disbursement Memo Item for loan repayment of lodging	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Twisted Oak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 121 N Center St		Amount of Each Disbursement this Period 12.41 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.6451</b>
City Statesville State NC Zip Code 28677	Purpose of Disbursement memo item for candidate repayment of meals	
Candidate Name <b>Robinson for Congress</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 61 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 123 E Main St		Amount of Each Disbursement this Period 5130.00
City Marlton State NJ Zip Code 08053	Purpose of Disbursement Postage	
Candidate Name <b>Robinson for Congress</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	Transaction ID : <b>SB17.6119</b>

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 123 E Main St		Amount of Each Disbursement this Period 9.80
City Marlton State NJ Zip Code 08053	Purpose of Disbursement memo item for candidate repayment of postage	
Candidate Name <b>Robinson for Congress</b>		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	Transaction ID : <b>SB17.6408</b>

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 123 E Main St		Amount of Each Disbursement this Period 90.04
City Marlton State NJ Zip Code 08053	Purpose of Disbursement memo item for candidate repayment of PO Box rental	
Candidate Name <b>Robinson for Congress</b>		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	Transaction ID : <b>SB17.6425</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5130.00
<b>TOTAL</b> 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 62 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valtim</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO Box 809		Amount of Each Disbursement this Period 4282.45
City Forest	State VA	
Zip Code 24551	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6205</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>B. Valtim</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address PO Box 809		Amount of Each Disbursement this Period 2284.90
City Forest	State VA	
Zip Code 24551	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6207</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

Full Name (Last, First, Middle Initial) <b>c. Waffle House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 3204 High Point Rd		Amount of Each Disbursement this Period 25.79
City Greensboro	State NC	
Zip Code 27407	Purpose of Disbursement memo item for candidate repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	<b>Transaction ID : SB17.6454</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6567.35
<b>TOTAL</b> 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 63 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wake County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 811 Spring Forest Rd		Amount of Each Disbursement this Period 50.00
City Raleigh	State NC	
Zip Code 27609	Purpose of Disbursement memo item for candidate repayment of event tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6432</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 11145 Bryton Town Center Dr		Amount of Each Disbursement this Period 12.70
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement memo item for loan repayment of event supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6400</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 179 NJ-70		Amount of Each Disbursement this Period 3.00
City Medford	State NJ	
Zip Code 08055	Purpose of Disbursement Bank Fees	<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6131</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.00
<b>TOTAL</b> 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 64 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wendy's</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 1505 Yadkinville Rd		Amount of Each Disbursement this Period 8.93
City Mocksville	State NC	
Zip Code 27028	Purpose of Disbursement memo item for candidate repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6457</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>B. Westpoint Society</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 3800 Buffalo Mountain Rd		Amount of Each Disbursement this Period 26.00
City Willis	State VA	
Zip Code 24380	Purpose of Disbursement memo item for candidate repayment of event tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6443</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

Full Name (Last, First, Middle Initial) <b>c. Yarborough</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 321 Marco Blvd		Amount of Each Disbursement this Period 11.50
City Lexington	State NC	
Zip Code 27292	Purpose of Disbursement memo item for candidate repayment of meals	<input checked="" type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>	Category/Type	Transaction ID : <b>SB17.6452</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 65 OF 77	
	<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)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zip Mailing Services, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 6304 Sheriff Rd		Amount of Each Disbursement this Period 358.64
City Landove	State MD Zip Code 20785	
Purpose of Disbursement Fundraising Mailer		<input type="checkbox"/> Memo Item
Candidate Name <b>Robinson for Congress</b>		Transaction ID : <b>SB17.6208</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 13	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		Transaction ID
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.64
<b>TOTAL</b> This Period (last page this line number only).....	59162.03

**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 66 OF 77			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Priscilla K Nicholson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 4903 Canyonwood Dr		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item
City Austin State TX Zip Code 78735	Category/Type	
Purpose of Disbursement Refund of Excess Contribution		Transaction ID : <b>SB20A.6161</b>
Candidate Name <b>Robinson for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City State Zip Code	Category/Type	
Purpose of Disbursement		
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	300.00

**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)

**Robinson for Congress**

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

Mailing Address 4265 Williamsburg Dr

City State Zip Code  
 Columbia SC 29203

Nature of Debt (Purpose):  
 Website Services

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4141</b>	
26.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	26.95	0.00

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

Mailing Address 4265 Williamsburg Dr

City State Zip Code  
 Columbia SC 29203

Nature of Debt (Purpose):  
 Lodging

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4131</b>	
13.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	13.00	0.00

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

Mailing Address 4265 Williamsburg Dr

City State Zip Code  
 Columbia SC 29203

Nature of Debt (Purpose):  
 Meals

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4132</b>	
42.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	42.32	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Fuel
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 272.17	Transaction ID : SD10.4133	
Amount Incurred This Period 0.00	Payment This Period 272.17	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Mileage
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 336.18	Transaction ID : SD10.4699	
Amount Incurred This Period 0.00	Payment This Period 336.18	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Office Supplies
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 90.34	Transaction ID : SD10.4700	
Amount Incurred This Period 0.00	Payment This Period 90.34	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>		Nature of Debt (Purpose): Copies
Mailing Address 4265 Williamsburg Dr		
City State Zip Code Columbia SC 29203		

Outstanding Balance Beginning This Period 109.93	<b>Transaction ID : SD10.4701</b>	
Amount Incurred This Period 0.00	Payment This Period 109.93	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>		Nature of Debt (Purpose): Meals
Mailing Address 4265 Williamsburg Dr		
City State Zip Code Columbia SC 29203		

Outstanding Balance Beginning This Period 24.00	<b>Transaction ID : SD10.4702</b>	
Amount Incurred This Period 0.00	Payment This Period 24.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>		Nature of Debt (Purpose): Software
Mailing Address 4265 Williamsburg Dr		
City State Zip Code Columbia SC 29203		

Outstanding Balance Beginning This Period 69.95	<b>Transaction ID : SD10.4703</b>	
Amount Incurred This Period 0.00	Payment This Period 69.95	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Email Server
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 116.10	<b>Transaction ID : SD10.4704</b>	
Amount Incurred This Period 0.00	Payment This Period 116.10	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Palm Cards
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 64.83	<b>Transaction ID : SD10.4705</b>	
Amount Incurred This Period 0.00	Payment This Period 64.83	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Processing Fees
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 31.36	<b>Transaction ID : SD10.4706</b>	
Amount Incurred This Period 0.00	Payment This Period 31.36	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Lodging
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 13.00	<b>Transaction ID : SD10.4707</b>	
Amount Incurred This Period 0.00	Payment This Period 13.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Matthew Miller</b>	Nature of Debt (Purpose): Fundraising supplies
Mailing Address 4265 Williamsburg Dr	
City State Zip Code Columbia SC 29203	

Outstanding Balance Beginning This Period 50.67	<b>Transaction ID : SD10.4708</b>	
Amount Incurred This Period 0.00	Payment This Period 50.67	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Postage
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 9.80	<b>Transaction ID : SD10.4137</b>	
Amount Incurred This Period 0.00	Payment This Period 9.80	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Rent
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 750.00	<b>Transaction ID : SD10.4126</b>	
Amount Incurred This Period 0.00	Payment This Period 750.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Candidate Filing Fee
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 1740.00	<b>Transaction ID : SD10.4127</b>	
Amount Incurred This Period 0.00	Payment This Period 1740.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Office Supplies
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 15.99	<b>Transaction ID : SD10.4128</b>	
Amount Incurred This Period 0.00	Payment This Period 15.99	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): PO Box Rental
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 90.04	<b>Transaction ID : SD10.4129</b>	
Amount Incurred This Period 0.00	Payment This Period 90.04	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Event Tickets
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 558.74	<b>Transaction ID : SD10.4134</b>	
Amount Incurred This Period 0.00	Payment This Period 558.74	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Meals
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 99.05	<b>Transaction ID : SD10.4135</b>	
Amount Incurred This Period 0.00	Payment This Period 99.05	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 77
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>		Nature of Debt (Purpose): Copies
Mailing Address 2713 Edinburg Ln		
City State	Zip Code	
Winston-Salem NC	27103	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4136	
107.70		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	107.70	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>		Nature of Debt (Purpose): Mileage
Mailing Address 2713 Edinburg Ln		
City State	Zip Code	
Winston-Salem NC	27103	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4138	
770.35		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	770.35	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>		Nature of Debt (Purpose): Meals
Mailing Address 2713 Edinburg Ln		
City State	Zip Code	
Winston-Salem NC	27103	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4709	
99.17		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	99.17	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Fundraising Supplies
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 324.33	<b>Transaction ID : SD10.4710</b>	
Amount Incurred This Period 0.00	Payment This Period 324.33	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Event Tickets
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 236.00	<b>Transaction ID : SD10.4711</b>	
Amount Incurred This Period 0.00	Payment This Period 236.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Copies
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 67.25	<b>Transaction ID : SD10.4712</b>	
Amount Incurred This Period 0.00	Payment This Period 67.25	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Vernon Lucius Robinson</b>	Nature of Debt (Purpose): Newspapers
Mailing Address 2713 Edinburg Ln	
City State Zip Code Winston-Salem NC 27103	

Outstanding Balance Beginning This Period 5.00	<b>Transaction ID : SD10.4713</b>	
Amount Incurred This Period 0.00	Payment This Period 5.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>USPS</b>	Nature of Debt (Purpose): Postage
Mailing Address 123 E Main St	
City State Zip Code Marlton NJ 08053	

Outstanding Balance Beginning This Period 5130.00	<b>Transaction ID : SD10.4240</b>	
Amount Incurred This Period 0.00	Payment This Period 5130.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 4128 Pepsi Pl	
City State Zip Code Chantilly VA 20151	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6198</b>	
Amount Incurred This Period 199.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 199.30

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	199.30
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Robinson for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Washington Intelligence Bureau</b>	Nature of Debt (Purpose): Bookkeeping
Mailing Address 4128 Pepsi Pl	
City State Zip Code Chantilly VA 20151	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.6199</b>	
Amount Incurred This Period 767.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 767.50

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	767.50
2) <b>TOTALS</b> This Period (last page this line number only) .....	966.80
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	966.80