



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Robertson 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))....	10073.56	27938.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10073.56	27938.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67342.02	77811.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	1310.00	1310.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66032.02	76501.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8437.18	
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).....	61818.21	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Robertson For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8365.39	24765.39
(ii) Unitemized.....	1708.17	3173.17
(iii) TOTAL of contributions from individuals ▶	10073.56	27938.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10073.56	27938.56
<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.....	53300.00	58300.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	53300.00	58300.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1310.00	1310.00
<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>	64683.56	87548.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67342.02	77811.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	1300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	67342.02	79111.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11095.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	64683.56
25. SUBTOTAL (add Line 23 and Line 24).....	75779.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67342.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8437.18

**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 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Adams**

Mailing Address 8486 S Hwy. 43

City Southwest City State MO Zip Code 64863

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

Name of Employer self Occupation rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
 500.00

Check

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

Mailing Address 66301 E 320 Rd

City Grove State OK Zip Code 74344

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
 10.00

Cash

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

Mailing Address 3030 S Troost

City Tulsa State OK Zip Code 74114

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

Name of Employer self Occupation rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.4265**

Amount of Each Receipt this Period  
 500.00

Check

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

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

1010.00

**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 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Joe Carpenter**

Mailing Address 307 Academy St

City Southwest City State MO Zip Code 64863

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

Name of Employer self Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
 1000.00

Check

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

Mailing Address #80 W. 7th Street

City Grove State OK Zip Code 74345

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

Name of Employer East Wellness, LLC Occupation Chiropractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
 250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Edith Faye Gross**

Mailing Address 2424 Irving St

City Muskogee State OK Zip Code 74403

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

Name of Employer self Occupation housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.4271**

Amount of Each Receipt this Period  
 105.39

In-kind - meal

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

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

1355.39

**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 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Edith Faye Gross**

Mailing Address 2424 Irving St

City Muskogee State OK Zip Code 74403

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

Name of Employer self Occupation housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **715.56**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.4269**

Amount of Each Receipt this Period  
 500.00

Check

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

Mailing Address 305 S Cherokee Dr.

City Bernice State OK Zip Code 74331

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

Name of Employer Logan & Lowery Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
 500.00

Check

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

Mailing Address 61297 E 320 Rd

City Grove State OK Zip Code 74344

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

Name of Employer self Occupation rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.4240**

Amount of Each Receipt this Period  
 2000.00

Check

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

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

3000.00

**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 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Cyndi McArtor**

Mailing Address PO Box 450516

City Grove State OK Zip Code 74345

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

Name of Employer self Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
 300.00

Check

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

Mailing Address 55480 E 315 Rd

City Jay State OK Zip Code 74346

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

Name of Employer self Occupation small business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.4255**

Amount of Each Receipt this Period  
 250.00

Check

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

Mailing Address PO Box 193

City Crowder State OK Zip Code 74430

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

Name of Employer self Occupation small business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
 1000.00

Check

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

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

1550.00



**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 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. J. L. Ratcliff**

Mailing Address PO Box 402

City Vinita State OK Zip Code 74301

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

Name of Employer First National Bank Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 410 W Central St

City Siloam Springs State AR Zip Code 72761

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

Name of Employer Simmons Foods Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.4235**

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 915 Summit Rdg

City McAlester State OK Zip Code 74501

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

Name of Employer self Occupation Small business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.4246**

Amount of Each Receipt this Period  
250.00

Check

**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 10 OF 51
	<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)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John Swartz**

Mailing Address 56250 E. 302 Road

City Afton State OK Zip Code 74331

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

Name of Employer Freeman Hospital Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
 250.00

Check

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

Mailing Address 2205 Waterworks Rd

City Danville State KY Zip Code 40422

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

Name of Employer FLW Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.4225**

Amount of Each Receipt this Period  
 200.00

Check

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

Mailing Address 8719 N Jardot Rd

City Glencoe State OK Zip Code 74032

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

Name of Employer self Occupation rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.4244**

Amount of Each Receipt this Period  
 250.00

Check

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

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

700.00

8365.39

**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 11 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Grand Savings Bank**

Mailing Address PO Box 451809

City Grove State OK Zip Code 74345

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
18300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : SA13B.4283**

Amount of Each Receipt this Period  
13300.00

Line of Ctrdit

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

Mailing Address PO Box 451809

City Grove State OK Zip Code 74345

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
38300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA13B.4284**

Amount of Each Receipt this Period  
20000.00

Line of Credit

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

Mailing Address PO Box 451809

City Grove State OK Zip Code 74345

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
48300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA13B.4361**

Amount of Each Receipt this Period  
10000.00

LOC

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

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

43300.00

# 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 12 OF 51		
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Robertson For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Grand Savings Bank**

Mailing Address **PO Box 451809**

City **Grove** State **OK** Zip Code **74345**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **58300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : SA13B.4362**

Amount of Each Receipt this Period  
**10000.00**

**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  
 \_\_\_\_\_

**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  
 \_\_\_\_\_

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

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

**10000.00**

**53300.00**

**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 13 OF 51
	<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)  
**Robertson For Congress**

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

Mailing Address 33000 S 690 Rd

City Jay State OK Zip Code 74346

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

Name of Employer Robertson for Congress Occupation Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA14.4281**

Amount of Each Receipt this Period  
 1300.00

Expense refund

**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

**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

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

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

1300.00

1300.00

**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 14 OF 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. All American Outdoors</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address PO Box 3984		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.4387</b>
City Springfield	State MO	
Zip Code 65808	Purpose of Disbursement Billboard Ad	Category/ Type 006
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4299</b>
City Jay	State OK	
Zip Code 74346	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 125.30 <b>Transaction ID : SB17.4300</b>
City Jay	State OK	
Zip Code 74346	Purpose of Disbursement Expense Chairs	Category/ Type 001
Candidate Name Robertson For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2611.27
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4306</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 319.84 <b>Transaction ID : SB17.4307</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Expense - signs	Category/Type 006	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4319</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: OK District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1091.78
<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 16 OF 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4174</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 705.90 <b>Transaction ID : SB17.4317</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Expense	Category/Type 002	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4326</b>
City Jay	State OK Zip Code 74346	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1477.84
<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 17 OF 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 176.00 <b>Transaction ID : SB17.4327</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4333</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 532.36 <b>Transaction ID : SB17.4335</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1094.33
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4366</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4367</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Trip Advance 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 30.93 <b>Transaction ID : SB17.4377</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	916.90
<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 19 OF 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4378</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 54.76 <b>Transaction ID : SB17.4384</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 385.97 <b>Transaction ID : SB17.4389</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	826.70
<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 20 OF 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 400.29 <b>Transaction ID : SB17.4393</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4392</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Trip Advance Category/Type 002	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 343.80 <b>Transaction ID : SB17.4401</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb Category/Type 002	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1244.09
<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 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 316.80 <b>Transaction ID : SB17.4402</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 400.30 <b>Transaction ID : SB17.4425</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Hoguen Apperson</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 24.82 <b>Transaction ID : SB17.4441</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	741.92
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hoguen Apperson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 33000 S 690 Rd		Amount of Each Disbursement this Period 146.24 <b>Transaction ID : SB17.4442</b>
City Jay State OK Zip Code 74346	Purpose of Disbursement Expense Reimb 002 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address PO Box 105414		Amount of Each Disbursement this Period 100.29 <b>Transaction ID : SB17.4334</b>
City Atlanta State GA Zip Code 30348	Purpose of Disbursement Telephone 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Blue House Media, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 17 West 5th Street		Amount of Each Disbursement this Period 1605.00 <b>Transaction ID : SB17.4371</b>
City Tulsa State OK Zip Code 74103	Purpose of Disbursement Campaign Video 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1851.53
<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 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue House Media, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 17 West 5th Street		Amount of Each Disbursement this Period 1605.00 <b>Transaction ID : SB17.4373</b>
City Tulsa	State OK Zip Code 74103	
Purpose of Disbursement Campaign Video	Category/Type 006	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

Full Name (Last, First, Middle Initial) <b>B. Cartridge World</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1620 S Main Suite E		Amount of Each Disbursement this Period 68.85 <b>Transaction ID : SB17.4434</b>
City Grove	State OK Zip Code 74344	
Purpose of Disbursement Ink	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

Full Name (Last, First, Middle Initial) <b>c. Claremore Daily Progress</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 315 W Will Rogers Blvd		Amount of Each Disbursement this Period 525.00 <b>Transaction ID : SB17.4470</b> <b>[MEMO ITEM]</b>
City Claremore	State OK Zip Code 74017	
Purpose of Disbursement Newspaper ads	Category/Type 004	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OK District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1673.85
<b>TOTAL</b> This Period (last page this line number only) .....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4470

Paid by Darrel Robertson

Form/Schedule:

Transaction ID:



**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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Concentric Direct, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 200 Ashford Center North		Amount of Each Disbursement this Period 19350.00 <b>Transaction ID : SB17.4308</b>
City Atlanta State GA Zip Code 30338	Purpose of Disbursement Campaign consultant 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. Concentric Direct, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 200 Ashford Center North		Amount of Each Disbursement this Period 2650.00 <b>Transaction ID : SB17.4376</b>
City Atlanta State GA Zip Code 30338	Purpose of Disbursement Mailer 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Dashelle D'Ann Real Estate</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 414 E 3rd Street		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4322</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22700.00
<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 26 OF 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dashelle D'Ann Real Estate</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 414 E 3rd Street		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4422</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Rent 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Grand Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 451809		Amount of Each Disbursement this Period 42.76 <b>Transaction ID : SB17.4296</b>
City Grove State OK Zip Code 74345	Purpose of Disbursement Interest 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Grand Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 451809		Amount of Each Disbursement this Period 202.13 <b>Transaction ID : SB17.4360</b>
City Grove State OK Zip Code 74345	Purpose of Disbursement Interest Payment 001 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	944.89
<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 27 OF 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Edith Faye Gross</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 2424 Irving St		Amount of Each Disbursement this Period 105.39 <b>Transaction ID : SB17.4278</b>
City Muskogee	State OK	
Zip Code 74403	Purpose of Disbursement In-kind - meal	Category/ Type
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Heather Fink Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 414 E 3rd Street		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : SB17.4301</b>
City Grove	State OK	
Zip Code 74344	Purpose of Disbursement Photos	Category/ Type 006
Candidate Name <b>Robertson For Congress</b>	Disbursement For: 2014 <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: OK District: 02	

Full Name (Last, First, Middle Initial) <b>c. Hoffman Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1409 West Shawnee		Amount of Each Disbursement this Period 6491.47 <b>Transaction ID : SB17.4385</b>
City Muskogee	State OK	
Zip Code 74401	Purpose of Disbursement Campaign Mailer	Category/ Type 006
Candidate Name <b>Robertson For Congress</b>	Disbursement For: 2014 <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: OK District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6736.86
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. IRS</b>		M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 500 North Capitol St. NW		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20001	Purpose of Disbursement Quarterly tax pmt	1287.69
Candidate Name Robertson For Congress	Category/Type 001	Transaction ID : SB17.4289
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. IRS</b>		M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 500 North Capitol St. NW		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20001	Purpose of Disbursement Tax Payment	594.33
Candidate Name Robertson For Congress	Category/Type 001	Transaction ID : SB17.4355
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. IRS</b>		M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 500 North Capitol St. NW		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20001	Purpose of Disbursement Tax Payment	321.77
Candidate Name Robertson For Congress	Category/Type 001	Transaction ID : SB17.4356
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2203.79
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Muskogee County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO Box 2278		Amount of Each Disbursement this Period 275.00
City Muskogee	State OK	
Zip Code 74402	Purpose of Disbursement GOP dinner	Transaction ID : SB17.4310
Candidate Name Robertson For Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Play 2 Win Athletics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 405 N Owalla Ave		Amount of Each Disbursement this Period 750.00
City Claremore	State OK	
Zip Code 74017	Purpose of Disbursement Campaign shirts	Transaction ID : SB17.4303
Candidate Name Robertson For Congress	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Political Lawn Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 916 Byrd Avenue		Amount of Each Disbursement this Period 818.71
City Neenah	State WI	
Zip Code 54956	Purpose of Disbursement Yard signs	Transaction ID : SB17.4473
Candidate Name Robertson For Congress	Category/ Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: OK	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4473

Paid by Darrel Robertson

Form/Schedule:

Transaction ID:

**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 51			
	<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)  
**Robertson For Congress**

**A. Political Lawn Signs**

Full Name (Last, First, Middle Initial)  
Mailing Address 916 Byrd Avenue

City Neenah State WI Zip Code 54956

Purpose of Disbursement Yard signs

Candidate Name **Robertson For Congress**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 05 / 16 / 2014

Amount of Each Disbursement this Period: 1399.50

Transaction ID : SB17.4474

[MEMO ITEM]

Category/Type: 006

**B. Poteau Daily News**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1237

City Poteau State OK Zip Code 74953

Purpose of Disbursement Newspaper ad

Candidate Name **Robertson For Congress**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 226.25

Transaction ID : SB17.4436

Category/Type: 004

**C. Precision Wireless Internet**

Full Name (Last, First, Middle Initial)  
Mailing Address 417 E 3rd St

City Grove State OK Zip Code 74344

Purpose of Disbursement Internet adds

Candidate Name **Robertson For Congress**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 04 / 10 / 2014

Amount of Each Disbursement this Period: 835.00

Transaction ID : SB17.4313

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 1061.25

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4474

Paid by Darrel Robertson

Form/Schedule:

Transaction ID:



**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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4312</b>
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4332</b>
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4368</b>
City Stillwater	State OK	
Purpose of Disbursement Payroll	Category/ Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: OK	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1629.18
<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 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4379</b>
City Stillwater	State OK	
Purpose of Disbursement Payroll		Category/ Type 001
Candidate Name <b>Robertson For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4390</b>
City Stillwater	State OK	
Purpose of Disbursement		Category/ Type 001
Candidate Name <b>Robertson For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 224 S Jefferson		Amount of Each Disbursement this Period 543.06 <b>Transaction ID : SB17.4396</b>
City Stillwater	State OK	
Purpose of Disbursement Payroll		Category/ Type 001
Candidate Name <b>Robertson For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1629.18
<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 51		
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Cameron J Price</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>224 S Jefferson</b>		Amount of Each Disbursement this Period <b>543.06</b> Transaction ID : <b>SB17.4426</b>
City <b>Stillwater</b> State <b>OK</b> Zip Code <b>74074</b>	Purpose of Disbursement Payroll <b>001</b> Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>OK</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. PSO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 20 / 2014</b>
Mailing Address <b>212 E 6th St</b>		Amount of Each Disbursement this Period <b>67.51</b> Transaction ID : <b>SB17.4357</b>
City <b>Tulsa</b> State <b>OK</b> Zip Code <b>74119</b>	Purpose of Disbursement Electricity <b>001</b> Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>OK</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>c. Red Clay Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2014</b>
Mailing Address <b>2470 Camellia Lane NE Suite 2107</b>		Amount of Each Disbursement this Period <b>9673.33</b> Transaction ID : <b>SB17.4320</b>
City <b>Atlanta</b> State <b>GA</b> Zip Code <b>30324</b>	Purpose of Disbursement Mailers <b>006</b> Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>OK</b> District: <b>02</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10283.90</b>
<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 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. ROC Studios International</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 332 West Lee Highway Suite 111		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4423</b>
City Warrenton	State WV Zip Code 20186	
Purpose of Disbursement Campaign Photos	Category/Type 006	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>B. State Election Board</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address PO Box 53156		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4471</b> <b>[MEMO ITEM]</b>
City Oklahoma City	State OK Zip Code 73152	
Purpose of Disbursement Filing fee	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

Full Name (Last, First, Middle Initial) <b>c. Tahlequah Main Street</b>		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 123 E Delaware St		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.4472</b> <b>[MEMO ITEM]</b>
City Tahlequah	State OK Zip Code 74464	
Purpose of Disbursement Booth space	Category/Type 001	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OK District: 02		

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4471

Paid by Darrel Robertson

Form/Schedule: SB17

Transaction ID: SB17.4472

Paid by Darrel Robertson

**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 51		
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Trench Brothers</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 1911 E. Hwy 10		Amount of Each Disbursement this Period 1482.50 <b>Transaction ID : SB17.4305</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Signs 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Trench Brothers</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address 1911 E. Hwy 10		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : SB17.4297</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Signs 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Trench Brothers</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1911 E. Hwy 10		Amount of Each Disbursement this Period 489.98 <b>Transaction ID : SB17.4429</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Wires for yard signs 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2102.48
<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 39 OF 51			
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Van's Printing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 423 S Hazel St.		Amount of Each Disbursement this Period 632.63 <b>Transaction ID : SB17.4298</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Printing 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Van's Printing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 423 S Hazel St.		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.4374</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Mailers 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Van's Printing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 423 S Hazel St.		Amount of Each Disbursement this Period 74.32 <b>Transaction ID : SB17.4363</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Stickers 006 Category/Type	
Candidate Name <b>Robertson For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	721.95
<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 51	
	<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)  
**Robertson For Congress**

Full Name (Last, First, Middle Initial) <b>A. Van's Printing Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address 423 S Hazel St.		Amount of Each Disbursement this Period <b>273.25</b>
City Grove State OK Zip Code 74344	Purpose of Disbursement Bumper Stickers Category/Type <b>001</b>	
Candidate Name <b>Robertson For Congress</b>		<b>Transaction ID : SB17.4391</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2014 <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
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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).....	<b>273.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>65141.94</b>



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Robertson For Congress** Transaction ID : SC/10.4214

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Grand Savings Bank</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 451809	

City	State	ZIP Code
Grove	OK	74345

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 21 / Y 2014 Y	M M / D D / Y 2/21/15 Y	6.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 <b>Transaction ID : SC/10.4214.0.SC2</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Robertson For Congress** Transaction ID : **SC/10.4283**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Grand Savings Bank**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 451809

City State ZIP Code  
 Grove OK 74345

Original Amount of Loan 13300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 13300.00
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**TERMS**

Date Incurred: M 04 / D 11 / Y 2014  
 Date Due: M M / D D / Y 2/21/15  
 Interest Rate: 6.00 % (apr)  
 Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 <b>Transaction ID : SC/10.4283.0.SC2</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 13300.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Robertson For Congress**

Transaction ID : **SC/10.4284**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Grand Savings Bank**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 451809

City State ZIP Code  
Grove OK 74345

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 14 / Y 2014 M M / D D / Y 2/21/15 6.00 % (apr)  Yes  No

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

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 <b>Transaction ID : SC/10.4284.0.SC2</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 20000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Robertson For Congress** Transaction ID : **SC/10.4361**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Grand Savings Bank</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 451809	

City	State	ZIP Code
Grove	OK	74345

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 08 / Y 2014 Y	M M / D D / Y 2/21/15 Y	6.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 <b>Transaction ID : SC/10.4361.0.SC2</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Robertson For Congress** Transaction ID : **SC/10.4362**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Grand Savings Bank</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 451809	
City State ZIP Code Grove OK 74345	

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

Date Incurred M 05 / D 30 / Y 2014	Date Due M M / D D / Y 2/21/15	Interest Rate 6.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mr. Darrel Marshall Robertson	Name of Employer Self
Mailing Address 68251 E 340 Rd	Occupation Cattleman
City State ZIP Code Jay OK 74346	Amount Guaranteed Outstanding: 60000.00 <b>Transaction ID : SC/10.4362.0.SC2</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	58300.00

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

# SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Robertson For Congress</b>	Transaction ID : SC/10.4283.SC1	FEC IDENTIFICATION NUMBER <b>C</b> C00557686
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LENDING INSTITUTION (LENDER) Full Name <b>Grand Savings Bank</b>	Amount of Loan <b>60000.00</b>	Interest Rate (APR) <b>6.00</b> %
--	-----------------------------------	--------------------------------------

Mailing Address PO Box 451809	Date Incurred or Established <b>02 / 21 / 2014</b>	Date Due <b>2/21/15</b>
City State Zip Code Grove OK 74345	Back Ref <b>SC/10.4283</b>	

A. Has loan been restructured?  No  Yes If yes, date originally incurred **02 / 21 / 2014**

B. If line of credit,  
Amount of this Draw: **13300.00** Total Outstanding Balance: **41700.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_

Date account established: **02 / 21 / 2014** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <b>Mr. John Raymond Farris</b> Signature _____	DATE <b>06 / 30 / 2014</b>
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name <b>Mr. John Raymond Farris</b> Signature <b>Mr. John Raymond Farris</b>	[Electronically Filed]	DATE <b>04 / 11 / 2014</b>
Title Treasurer		

# SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Robertson For Congress</b>	Transaction ID : SC/10.4284.SC1	FEC IDENTIFICATION NUMBER <b>C</b> C00557686
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LENDING INSTITUTION (LENDER) Full Name <b>Grand Savings Bank</b>	Amount of Loan <b>60000.00</b>	Interest Rate (APR) <b>6.00</b> %
--	-----------------------------------	--------------------------------------

Mailing Address PO Box 451809	Date Incurred or Established <b>02 / 21 / 2014</b>	Date Due <b>2/21/15</b>
City State Zip Code Grove OK 74345	Back Ref <b>SC/10.4284</b>	

A. Has loan been restructured?  No  Yes If yes, date originally incurred **02 / 21 / 2014**

B. If line of credit,  
Amount of this Draw: **20000.00** Total Outstanding Balance: **39700.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_

Date account established: **02 / 21 / 2014** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <b>Mr. John Raymond Farris</b> Signature _____	DATE <b>06 / 30 / 2014</b>
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name <b>Mr. John Raymond Farris</b> Signature <i>Mr. John Raymond Farris</i>	[Electronically Filed]	DATE <b>04 / 14 / 2014</b>
Title Treasurer		

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Robertson For Congress</b>	Transaction ID : SC/10.4361.SC1	FEC IDENTIFICATION NUMBER <b>C</b> C00557686
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LENDING INSTITUTION (LENDER) Full Name <b>Grand Savings Bank</b>	Amount of Loan <b>60000.00</b>	Interest Rate (APR) <b>6.00</b> %
--	-----------------------------------	--------------------------------------

Mailing Address PO Box 451809	Date Incurred or Established <b>02 / 21 / 2014</b>	Date Due <b>2/21/15</b>
City State Zip Code Grove OK 74345	Back Ref <b>SC/10.4361</b>	

A. Has loan been restructured?  No  Yes If yes, date originally incurred **02 / 21 / 2014**

B. If line of credit,  
 Amount of this Draw: **10000.00** Total Outstanding Balance: **11700.00**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? **0.00**

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? **0.00**

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_

Date account established: **02 / 21 / 2014** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <b>Mr. John Raymond Farris</b> Signature _____	DATE <b>06 / 30 / 2014</b>
--	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name <b>Mr. John Raymond Farris</b> Signature <b>Mr. John Raymond Farris</b>	[Electronically Filed]	DATE <b>05 / 08 / 2014</b>
Title Treasurer		



**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Robertson For Congress</b>		Transaction ID : SC/10.4362.SC1	<b>FEC IDENTIFICATION NUMBER</b>	
		C C00557686		
LENDING INSTITUTION (LENDER) Full Name <b>Grand Savings Bank</b>		Amount of Loan <b>60000.00</b>	Interest Rate (APR) <b>6.00</b> %	
Mailing Address PO Box 451809		Date Incurred or Established <b>02 / 21 / 2014</b>		
City Grove	State OK	Zip Code 74345	Date Due <b>2/21/15</b>	Back Ref <b>SC/10.4362</b>
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred		
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____		
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ 0.00		
		Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____ 0.00		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account: Address: City, State, Zip: _____		
Date account established: <b>MM / DD / YYYY</b>				
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.				
G. COMMITTEE TREASURER Typed Name <b>Mr. John Raymond Farris</b> Signature _____		DATE <b>06 / 30 / 2014</b>		
H. Attach a signed copy of the loan agreement.				
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.				
AUTHORIZED REPRESENTATIVE Typed Name <b>Mr. John Raymond Farris</b> Signature <b>Mr. John Raymond Farris</b>		<i>[Electronically Filed]</i>		DATE <b>05 / 30 / 2014</b>
		Title Treasurer		

**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)

**Robertson For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mr. Darrel Marshall Robertson**

Mailing Address 68251 E 340 Rd

City State Zip Code  
 Jay OK 74346

Nature of Debt (Purpose):  
 CC newspaper ads

Outstanding Balance Beginning This Period  **Transaction ID : SD10.4462**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mr. Darrel Marshall Robertson**

Mailing Address 68251 E 340 Rd

City State Zip Code  
 Jay OK 74346

Nature of Debt (Purpose):  
 Money Order Filing fee

Outstanding Balance Beginning This Period  **Transaction ID : SD10.4463**

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  
**Mr. Darrel Marshall Robertson**

Mailing Address 68251 E 340 Rd

City State Zip Code  
 Jay OK 74346

Nature of Debt (Purpose):  
 CC booth space

Outstanding Balance Beginning This Period  **Transaction ID : SD10.4464**

Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1300.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)  
**Robertson For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr. Darrel Marshall Robertson</b>	Nature of Debt (Purpose): CC yard signs
Mailing Address 68251 E 340 Rd	
City State Zip Code Jay OK 74346	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4465</b>	
Amount Incurred This Period 818.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 818.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr. Darrel Marshall Robertson</b>	Nature of Debt (Purpose): CC yard signs
Mailing Address 68251 E 340 Rd	
City State Zip Code Jay OK 74346	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4466</b>	
Amount Incurred This Period 1399.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1399.50

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) .....	2218.21
2) <b>TOTALS</b> This Period (last page this line number only) .....	3518.21
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	58300.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	61818.21