



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Roberts For Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	68023.13	111314.98
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67923.13	111214.98
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	29771.67	47314.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29771.67	47314.81
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>63900.17</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>26635.87</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Roberts For Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

58553.51

0.00

(ii) Unitemized.....

9469.62

0.00

(iii) TOTAL of contributions

68023.13

108863.33

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

0.00

0.00

(d) The Candidate.....

0.00

2451.65

(e) TOTAL CONTRIBUTIONS (other than loans)

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

68023.13

111314.98

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

68023.13

111314.98

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	29771.67	47314.81
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.....	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29871.67	47414.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25748.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	68023.13
25. SUBTOTAL (add Line 23 and Line 24).....	93771.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29871.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	63900.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Craig Welch</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2007	
Mailing Address 6409 Walnut Ridge Trail		<b>Transaction ID: A-C267</b>	
City Prospect State KY Zip Code 40059-8867	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Welch Printing Company Occupation Company President	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Tim R Hill</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2007	
Mailing Address 2222 Hanham Drive		<b>Transaction ID: A-C266</b>	
City Colorado Springs State CO Zip Code 80910-3276	Amount of Each Receipt this Period 5.00		
FEC ID number of contributing federal political committee. <b>C</b>		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ceridian Occupation Project Manager	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 203.20			

Full Name (Last, First, Middle Initial) <b>C. Col. Robert J Kilmartin</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 04 / 2007	
Mailing Address 13615 Hunters Ridge Court		<b>Transaction ID: A-C97</b>	
City Prospect State KY Zip Code 40059-9246	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer U.S. Department of Justice Occupation Assistant U.S. Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1405.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address 2305 Hurstbourne Village Drive  
Suite 400

City State Zip Code  
Louisville KY 40299-2873

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C119

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 225 S Hurstbourne Parkway  
Suite 103

City State Zip Code  
Louisville KY 40222-4929

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

Name of Employer Blacketer Co. Occupation Builder/Developer/Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C110

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 11315 Oakhurst Road

City State Zip Code  
Louisville KY 40245-5217

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

Name of Employer Details Interiors Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C117

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Brian Corneilson, Esq.

Mailing Address 659 Sycamore Road

City Elizabethtown State KY Zip Code 42701-9576

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

Name of Employer self Occupation consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C125

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joan E Cox

Mailing Address 2006 Croghan House Drive

City Louisville State KY Zip Code 40207-1210

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

Name of Employer Norton Healthcare Occupation Division Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C124

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 3405 Trail Ridge Road

City Louisville State KY Zip Code 40241-6260

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

Name of Employer PNC Occupation Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C112

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address PO Box 17103

City State Zip Code  
Louisville KY 40217-0103

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

Name of Employer N/A Occupation Unemployed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C116

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 4400 Comanche Trail

City State Zip Code  
Louisville KY 40207-1657

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

Name of Employer U.S. Dept Of Justice Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C113

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark E. Kull

Mailing Address 3008 S 6th Street

City State Zip Code  
Louisville KY 40208-1314

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

Name of Employer Northwestern Mutual Occupation Financial Representative

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: A-C108

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. O. Wayne Mortenson

Mailing Address 11204 Bodley Drive

City State Zip Code  
Louisville KY 40223-1386

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

Name of Employer Occupation  
Mortenson Family Dental Dentist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

**Transaction ID: A-C111**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 108 Blankenbaker Lane

City State Zip Code  
Louisville KY 40207-1726

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

Name of Employer Occupation  
Greenbaum, Doll, & McDonald Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

**Transaction ID: A-C115**

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 16 Anchorage Pointe

City State Zip Code  
Louisville KY 40223-2179

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

Name of Employer Occupation  
Papa John's Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

**Transaction ID: A-C114**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 10 / 69
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Rachel L. Schrepferman

Mailing Address 3729 Fairway Lane

City State Zip Code  
Louisville KY 40207-1414

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

Name of Employer Commonwealth Connections Occupation Fundraiser

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2007

**Transaction ID: A-C134**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 130 Stonecrest Road Suite 103

City State Zip Code  
Shelbyville KY 40065-8126

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

Name of Employer Alton Webb & Assoc. Occupation Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2007

**Transaction ID: A-C135**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Earl F. Hamm, Jr.

Mailing Address 5 Normandie Village

City State Zip Code  
Louisville KY 40205-1636

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

Name of Employer YUM! Brands Occupation Business Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 15 / 2007

**Transaction ID: A-C163**

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Kendrick R. Riggs

Mailing Address 1812 Round Ridge Road

City State Zip Code  
Louisville KY 40207-1689

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

Name of Employer Occupation  
Stoll Keenon & Ogden Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2007

Transaction ID: A-C165

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 1904 Stone Gate Road

City State Zip Code  
Louisville KY 40223-1347

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

Name of Employer Occupation  
Papa John's Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2007

Transaction ID: A-C164

Amount of Each Receipt this Period  
500.00

Pence FR

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

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

Mailing Address 2222 Hanham Drive

City State Zip Code  
Colorado Springs CO 80910-3276

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

Name of Employer Occupation  
Ceridian Project Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
203.20

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: A-C262

Amount of Each Receipt this Period  
5.00

Individual Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	805.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Tim R Hill

Mailing Address 2222 Hanham Drive

City State Zip Code  
Colorado Springs CO 80910-3276

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

Name of Employer Ceridian Occupation Project Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 203.20

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2007

**Transaction ID:** A-C261

Amount of Each Receipt this Period  
1.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry M. Cushing

Mailing Address 1620 Russell Avenue

City State Zip Code  
Louisville KY 40213-1542

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

Name of Employer U.S. Attorney's Office Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2007

**Transaction ID:** A-C169

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 4911 Olde Creek Way

City State Zip Code  
Prospect KY 40059-9692

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

Name of Employer Yum! Brands Occupation Sr. Director - Global CHAMPS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2007

**Transaction ID:** A-C175

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1101.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Hisle, Jr.

Mailing Address 2477 Vince Road

City State Zip Code  
Nicholasville KY 40356-8814

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

Name of Employer Occupation  
Jefferson Investment Group CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2007

**Transaction ID: A-C235**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3274 N Cleveland Road

City State Zip Code  
Lexington KY 40516-9623

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

Name of Employer Occupation  
Howard Properties Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2007

**Transaction ID: A-C233**

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 6035 Sweetbay Drive

City State Zip Code  
Crestwood KY 40014-7733

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

Name of Employer Occupation  
Norton Hospital Nurse

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
510.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2007

**Transaction ID: A-C260**

Amount of Each Receipt this Period  
10.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2810.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address 408 A Street SE

City Washington State DC Zip Code 20003-3807

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

Name of Employer The Livingston Group Occupation Lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 0 / 2 0 0 7

**Transaction ID:** A-C259

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10204 Springside Place

City Louisville State KY Zip Code 40223-3779

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

Name of Employer Oxford Round Table Occupation Clerical

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

**Transaction ID:** A-C274

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 115 Connecticut Court

City Elizabethtown State KY Zip Code 42701-2957

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 7

**Transaction ID:** A-C275

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard M Ellis

Mailing Address 3405 Trail Ridge Road

City State Zip Code  
Louisville KY 40241-6260

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

Name of Employer Occupation  
PNC Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 7

Transaction ID: A-C276

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Raymond M. Hundley

Mailing Address 603 Blankenbaker Lane

City State Zip Code  
Louisville KY 40207-1103

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

Name of Employer Occupation  
Smith Manus Surety Bonds Bond Agent

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 7

Transaction ID: A-C281

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lesa M. McKenzie

Mailing Address 115 Valhalla Place

City State Zip Code  
Georgetown KY 40324-8649

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

Name of Employer Occupation  
The Phares Company Servicing Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A-C280

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. B. Besten

Mailing Address 11906 Ridge Road

City State Zip Code  
Louisville KY 40223-2412

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

Name of Employer Self Occupation Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

Transaction ID: A-C287

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 12713 Saint Clair Drive

City State Zip Code  
Louisville KY 40243-1036

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

Name of Employer HMS Occupation Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

Transaction ID: A-C286

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Bonnie B Sims

Mailing Address 301 Willow Stone Way

City State Zip Code  
Louisville KY 40223-2644

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2007

Transaction ID: A-C284

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harold E Weick

Mailing Address 18220 Bridgemore Lane

City State Zip Code  
Louisville KY 40245-4378

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

Name of Employer Self Occupation Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2007

Transaction ID: A-C285

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph T. Altobellis

Mailing Address 418 Blankenbaker Lane

City State Zip Code  
Louisville KY 40207-1202

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

Name of Employer Associated Insurance Services, Inc. Occupation Insurance Broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2007

Transaction ID: A-C289

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah S. Wright

Mailing Address 9001 Hurstwood Court

City State Zip Code  
Louisville KY 40222-5769

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

Name of Employer Baptist East Hospital Occupation Pharmacist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2007

Transaction ID: A-C288

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott T. Roby

Mailing Address 806 Colonel Anderson Parkway

City State Zip Code  
Louisville KY 40222-5523

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

Name of Employer Occupation  
Scott Roby Law Office Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID: A-C305**

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Reutlinger, Jr.

Mailing Address 3306 Brenner Pass

City State Zip Code  
Louisville KY 40241-6202

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

Name of Employer Occupation  
Wakefield-Reutlinger Real Estate Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

**Transaction ID: A-C311**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carroll D. York

Mailing Address 4124 Lilac Vista Drive

City State Zip Code  
Louisville KY 40241-4198

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

**Transaction ID: A-C313**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tom L. Abbott

Mailing Address 230 Clarland Drive

City State Zip Code  
Louisville KY 40243-1422

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

Name of Employer Occupation  
Holloway & Son Constructi- Construction Super  
on

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C334**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie R. Adams

Mailing Address 213 S Lyndon Lane

City State Zip Code  
Louisville KY 40222-5546

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

Name of Employer Occupation  
City of Louisville Metro Council Woman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C325**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard E. Barr

Mailing Address 816 Rugby Place

City State Zip Code  
Louisville KY 40222-5626

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

Name of Employer Occupation  
UPS VP

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C340**

Amount of Each Receipt this Period  
750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address PO Box 197029

City State Zip Code  
Louisville KY 40259-7029

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

Name of Employer Occupation  
Buisson Investment Corp CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID:** A-C328

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dean M. Donohue

Mailing Address 12020 Parkland Court

City State Zip Code  
Louisville KY 40243-2099

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

Name of Employer Occupation  
Self Ameriprise Financial Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID:** A-C344

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elisabeth B. Donohue

Mailing Address 12020 Parkland Court

City State Zip Code  
Louisville KY 40243-2099

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

Name of Employer Occupation  
UPS Pilot

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID:** A-C388

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle L. Eckmann

Mailing Address 15402 Champion Lakes Place

City State Zip Code  
Louisville KY 40245-5601

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

Name of Employer Occupation  
Bank of America Finance Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C348**

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael R. Farrar

Mailing Address 902 Glenbrook Road

City State Zip Code  
Anchorage KY 40223-2210

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

Name of Employer Occupation  
ReMax Association Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C342**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margo S. Grace

Mailing Address 11311 Oakhurst Road

City State Zip Code  
Louisville KY 40245-5217

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C324**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. James L. Hicks

Mailing Address 9558 Capricorn Way

City State Zip Code  
San Diego CA 92126-5539

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

Name of Employer Occupation  
Qualcomm Incorporated Software Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C351**

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Beth A. May

Mailing Address 4704 Chauncey Lane

City State Zip Code  
Louisville KY 40241-6108

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

Name of Employer Occupation  
Self Social Work

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
632.51

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-I398**

Amount of Each Receipt this Period  
632.51

Inkind: Catering & Location for Meet & G  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel W. McMahan

Mailing Address 6005 Northwood Drive

City State Zip Code  
Crestwood KY 40014-9153

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

Name of Employer Occupation  
BB&T Insurance Service Sr. VP

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C326**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3432.51**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Arlene E. Morse

Mailing Address 10307 Florian Road

City State Zip Code  
Louisville KY 40223-3442

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

Transaction ID: A-C336

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Martha D. Rankin

Mailing Address 407 Rolling Lane

City State Zip Code  
Louisville KY 40207-1807

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

Transaction ID: A-C350

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Noelle B. Rao

Mailing Address 7012 Windham Parkway

City State Zip Code  
Prospect KY 40059-8819

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

Name of Employer Self Occupation Student

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

Transaction ID: A-C343

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. William J. Receveur, III

Mailing Address 4014 Therina Way

City State Zip Code  
Louisville KY 40241-1577

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

Name of Employer Occupation  
Realm Construction Co. General Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2007

**Transaction ID: A-C349**

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Christine B. Adams, M.D.

Mailing Address 1430 Sylvan Way

City State Zip Code  
Louisville KY 40205-2484

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

Name of Employer Occupation  
Self Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

**Transaction ID: A-C374**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark D. Chandler

Mailing Address 315 Wooldridge Avenue

City State Zip Code  
Pewee Valley KY 40056-9009

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

**Transaction ID: A-C369**

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Joan E Cox		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 2006 Croghan House Drive		<b>Transaction ID:</b> A-C367	
City State Zip Code Louisville KY 40207-1210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Norton Healthcare Division Director	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1250.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Scott C Cox		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 534 Barberry Lane		<b>Transaction ID:</b> A-C379	
City State Zip Code Louisville KY 40206-2975	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Cox & Mazzoli Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Terry M. Cushing		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 1620 Russell Avenue		<b>Transaction ID:</b> A-C364	
City State Zip Code Louisville KY 40213-1542	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation U.S. Attorney's Office Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. George F. Duthie

Mailing Address 2703 Poplar Hill Court

City State Zip Code  
Louisville KY 40207-1171

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

Name of Employer Ecito Construction Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C363

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Laura L. Hall

Mailing Address 1217 Audubon Parkway

City State Zip Code  
Louisville KY 40213-1277

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

Name of Employer Dept of Justice Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C372

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 4704 Asbury Park Terrace

City State Zip Code  
Louisville KY 40241-6106

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

Name of Employer Retired Occupation Teacher

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C371

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark E. Kull

Mailing Address 3008 S 6th Street

City State Zip Code  
Louisville KY 40208-1314

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

Name of Employer Occupation  
Northwestern Mutual Financial Representative

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

**Transaction ID:** A-C376

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Curtis R. Ladig

Mailing Address 5103 Magdalen Square

City State Zip Code  
Louisville KY 40241-5202

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

Name of Employer Occupation  
Delta Dental CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

**Transaction ID:** A-C368

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark T Lamkin

Mailing Address 535 Circle Valley Drive

City State Zip Code  
Louisville KY 40229-4485

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

Name of Employer Occupation  
Lamkin Wealth Management President and LPL Wealth Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2007

**Transaction ID:** A-C365

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Faith P. Mercke

Mailing Address 7018 Hadley Court

City State Zip Code  
Louisville KY 40241-6250

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

Name of Employer Occupation  
AAB Properties President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C373

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2453 Rockminster Road

City State Zip Code  
Lexington KY 40509-1646

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

Name of Employer Occupation  
MetaFormers Inc. Business Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C370

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason P. Underwood

Mailing Address 3908 Elmwood Avenue

City State Zip Code  
Louisville KY 40207-2702

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

Name of Employer Occupation  
Self Lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2007

Transaction ID: A-C366

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dean M. Donohue

Mailing Address 12020 Parkland Court

City State Zip Code  
Louisville KY 40243-2099

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

Name of Employer Occupation  
Self Ameriprise Financial Financial Advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C387

Amount of Each Receipt this Period  
2200.00

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

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

Mailing Address 12020 Parkland Court

City State Zip Code  
Louisville KY 40243-2099

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

Name of Employer Occupation  
UPS Pilot

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C389

Amount of Each Receipt this Period  
2200.00

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

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

Mailing Address 8205 Westover Drive

City State Zip Code  
Prospect KY 40059-9465

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C380

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Anne M. Northup

Mailing Address 3340 Lexington Road

City State Zip Code  
Louisville KY 40206-3050

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C382

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. W. Northup

Mailing Address 3340 Lexington Road

City State Zip Code  
Louisville KY 40206-3050

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

Name of Employer Occupation  
Radio Sound President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C383

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rebecca A. Tyler

Mailing Address 10811 Tattenham Lane

City State Zip Code  
Louisville KY 40243-1661

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

Name of Employer Occupation  
Self Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C392

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Leta W. Wheeler

Mailing Address 3110 Shady Springs Drive

City State Zip Code  
Louisville KY 40299-4576

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2007

Transaction ID: A-C393

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. S. O. Howell, Jr.

Mailing Address 6800 Shadwell Place

City State Zip Code  
Prospect KY 40059-9413

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

Name of Employer Howell & Howell Occupation Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2007

Transaction ID: A-C402

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas F. Buetow

Mailing Address 7002 Hampton Creek Court

City State Zip Code  
Louisville KY 40241-6425

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

Name of Employer Buetow, Lemastus & Dick, PLLC Occupation CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2007

Transaction ID: A-C403

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Doreen Eckmann

Mailing Address 15402 Champion Lakes Place

City State Zip Code  
Louisville KY 40245-5601

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2007

Transaction ID: A-C405

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 18401 Bridgemore Lane

City State Zip Code  
Louisville KY 40245-4383

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

Name of Employer Occupation  
Elite Homes Inc. Owner/Builder

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2007

Transaction ID: A-C462

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott T. Roby

Mailing Address 806 Colonel Anderson Parkway

City State Zip Code  
Louisville KY 40222-5523

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

Name of Employer Occupation  
Scott Roby Law Office Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C422

Amount of Each Receipt this Period  
400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tom Rooney

Mailing Address 18211 SE Island Drive

City State Zip Code  
Tequesta FL 33469-8127

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

Name of Employer Occupation  
Kramer, Sopko, Levenstein PA Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C420

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 18211 SE Island Drive

City State Zip Code  
Tequesta FL 33469-8127

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

Name of Employer Occupation  
Kramer, Sopko, Levenstein PA Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C421

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1010 Bridge Hill Court

City State Zip Code  
Louisville KY 40245-4393

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

Name of Employer Occupation  
Self Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C441

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan M. Tyler

Mailing Address 7806 Old Tree Run

City State Zip Code  
Louisville KY 40222-4693

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

Name of Employer Clear Channel Occupation Account Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C410

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 18430 Bridgemore Lane

City State Zip Code  
Louisville KY 40245-4382

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

Name of Employer Self Occupation Evangelist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: A-C442

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 14905 Landmark Drive

City State Zip Code  
Louisville KY 40245-6526

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

Name of Employer Self Occupation Investment Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: A-C432

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Clifford B. Carter

Mailing Address 1251 Persimmon Ridge Drive

City State Zip Code  
Louisville KY 40245-7024

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

Name of Employer Occupation  
UPS Pilot

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: A-C430

Amount of Each Receipt this Period  
300.00

Individual Contribution

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

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

Mailing Address 362 S Mill Street

City State Zip Code  
Lexington KY 40508-2532

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

Name of Employer Occupation  
Gambill Mediation Services Judge

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: A-PI1

Amount of Each Receipt this Period  
200.00

Individual Contribution

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

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
Mr. David H. Heady, Jr.

Mailing Address 9400 Tamarisk Parkway

City State Zip Code  
Louisville KY 40223-2777

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

Name of Employer Occupation  
Spectrum Lighting Group President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: A-C433

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher G. Chase

Mailing Address 2396 Sidney Avenue

City State Zip Code  
Louisville KY 40205

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

Name of Employer Discernity Occupation  
Discernity Telecommunications

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C426**

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1916 Iron Works Pike

City State Zip Code  
Lexington KY 40511-8431

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

Name of Employer Occupation  
William O. Howard Real Es- Real Estate Developer  
tat

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C427**

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 12506 Valley Pine Drive

City State Zip Code  
Louisville KY 40299-4138

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

Name of Employer Occupation  
Premier Home Care Inc. VP Public Relations/Gov't Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C436**

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Knewasser

Mailing Address 12506 Valley Pine Drive

City State Zip Code  
Louisville KY 40299-4138

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

Name of Employer Occupation  
Premier Home Care Inc. VP Public Relations/Gov't Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C437**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 12506 Valley Pine Drive

City State Zip Code  
Louisville KY 40299-4138

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

Name of Employer Occupation  
Premier Home Care Inc. VP Public Relations/Gov't Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C438**

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. James T. Nash

Mailing Address 3135 Brighton Place Drive

City State Zip Code  
Lexington KY 40509-2371

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

Name of Employer Occupation  
Jimmy Nash Homes Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2007

**Transaction ID: A-C428**

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address 1400 Willow Avenue  
Apt. 1004

City State Zip Code  
Louisville KY 40204-2516

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

Name of Employer Occupation  
Chilton & Medley PLC CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A-C425

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 80 Tarnwood Drive

City State Zip Code  
Brandenburg KY 40108-9000

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

Name of Employer Occupation  
Self Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A-C435

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 12002 Hudson View Court

City State Zip Code  
Louisville KY 40299-8326

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

Name of Employer Occupation  
Chamberlin Enterprises Co-Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** A-C439

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>58553.51</b>

**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 / 69

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-154</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 60.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-155</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 374.59
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Administrative/Salary/Overhead: Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-156</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 18.85
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Workers Comp. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>453.44</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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Christina Poole</b>		<b>Transaction ID: B-E-153</b> Date of Disbursement MM / DD / YYYY 07 / 06 / 2007
Mailing Address 4101 Waterford Circle Apt. 3		Amount of Each Disbursement this Period 907.91
City Louisville State KY Zip Code 40207-5271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christina Poole</b>		<b>Transaction ID: B-I-170</b> Date of Disbursement MM / DD / YYYY 07 / 09 / 2007
Mailing Address 4101 Waterford Circle Apt. 3		Amount of Each Disbursement this Period 43.62
City Louisville State KY Zip Code 40207-5271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inkind: Supplies for Pence FR Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Forms Management Inc.</b>		<b>Transaction ID: B-E-129</b> Date of Disbursement MM / DD / YYYY 07 / 10 / 2007
Mailing Address 5805 Flagstone Court		Amount of Each Disbursement this Period 700.35
City Louisville State KY Zip Code 40219-2401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bios, Banner, Lapel Stickers Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1651.88
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Welch Printing Company</b>		<b>Transaction ID: B-E-130</b> Date of Disbursement 07 / 10 / 2007
Mailing Address 350 Boxley Avenue		Amount of Each Disbursement this Period 371.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville      State KY      Zip Code 40209-1849		
Purpose of Disbursement Campaign Event: Invitations-Pence Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-450</b> Date of Disbursement 07 / 11 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati      State OH      Zip Code 45203-1543		
Purpose of Disbursement ADP Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-182</b> Date of Disbursement 07 / 13 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati      State OH      Zip Code 45203-1543		
Purpose of Disbursement Payroll Taxes Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	611.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-183</b> Date of Disbursement 07 / 13 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 3.54
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Workers Comp Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-184</b> Date of Disbursement 07 / 13 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Processing Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Christina Poole</b>		<b>Transaction ID: B-E-181</b> Date of Disbursement 07 / 13 / 2007
Mailing Address 4101 Waterford Circle Apt. 3		Amount of Each Disbursement this Period 826.44
City Louisville State KY Zip Code 40207-5271	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	880.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-451</b> Date of Disbursement 07 / 18 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 40.40
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Denny's Valet Parking Services, Inc.</b>		<b>Transaction ID: B-E-168</b> Date of Disbursement 07 / 19 / 2007
Mailing Address PO Box 156		Amount of Each Disbursement this Period 280.00
City Prospect State KY Zip Code 40059-0156	Purpose of Disbursement Campaign Event: Valet Parking Pence FR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Masterson's</b>		<b>Transaction ID: B-E-167</b> Date of Disbursement 07 / 19 / 2007
Mailing Address 1830 S 3rd Street		Amount of Each Disbursement this Period 1079.59
City Louisville State KY Zip Code 40208-1920	Purpose of Disbursement Campaign Event: Catering for Pence FR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1399.99

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Old Town Wine and Spirits</b>		<b>Transaction ID: B-E-166</b> Date of Disbursement 07 / 19 / 2007
Mailing Address 1529 Bardstown Road		Amount of Each Disbursement this Period 246.46
City Louisville State KY Zip Code 40205-1151	Purpose of Disbursement Campaign Event: Beverages for Pence FR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-172</b> Date of Disbursement 07 / 20 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-173</b> Date of Disbursement 07 / 20 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 197.61
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Administrative/Salary/Overhead: Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>495.07</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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-174</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 16.08
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Workers Comp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-171</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 443.64
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Complete Campaigns</b>		<b>Transaction ID: B-E-178</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 500.00
City San Diego State CA Zip Code 92102-4548	Purpose of Disbursement Monthly Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>959.72</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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Red Tree Design</b>		<b>Transaction ID: B-E-179</b> Date of Disbursement 07 / 25 / 2007
Mailing Address 4156 Westport Road		Amount of Each Disbursement this Period 3873.75
City Louisville State KY Zip Code 40207-2705	Purpose of Disbursement Campaign Website Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Red Tree Design</b>		<b>Transaction ID: B-E-180</b> Date of Disbursement 07 / 25 / 2007
Mailing Address 4156 Westport Road		Amount of Each Disbursement this Period 360.00
City Louisville State KY Zip Code 40207-2705	Purpose of Disbursement Website Hosting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Sir Speedy Printing</b>		<b>Transaction ID: B-E-176</b> Date of Disbursement 07 / 25 / 2007
Mailing Address 832 S 6th Street		Amount of Each Disbursement this Period 100.70
City Louisville State KY Zip Code 40203-2124	Purpose of Disbursement Business cards Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4334.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 69

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Spalding Group</b>		<b>Transaction ID: B-E-177</b> Date of Disbursement 07 / 25 / 2007
Mailing Address 2306 Frankfort Avenue		Amount of Each Disbursement this Period 438.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville	State KY	
Zip Code 40206-2410		
Purpose of Disbursement Paraphernalia: bumper stickers Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Jefferson County Republican Party</b>		<b>Transaction ID: B-E-221</b> Date of Disbursement 07 / 26 / 2007
Mailing Address 232 W Muhammad Ali Boulevard		Amount of Each Disbursement this Period 334.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville	State KY	
Zip Code 40202-1412		
Purpose of Disbursement Other: Pizza donation to JCRP Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		<b>Transaction ID: B-E-222</b> Date of Disbursement 07 / 30 / 2007
Mailing Address 119 N Evergreen Road		Amount of Each Disbursement this Period 984.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville	State KY	
Zip Code 40243-1439		
Purpose of Disbursement Postage for Low Donor FR ltr. Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1756.84
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-225</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 395.23
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Payroll taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-226</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 45.47
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Workers Comp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-227</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement ADP Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	491.70
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID: B-E-224</b> Date of Disbursement 08 / 03 / 2007
Mailing Address PO Box 538641		Amount of Each Disbursement this Period 147.94
City Atlanta State GA Zip Code 30353-8641	Purpose of Disbursement Monthly Cell Phone Bill Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-228</b> Date of Disbursement 08 / 03 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 887.27
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-229</b> Date of Disbursement 08 / 03 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 9.00
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement - parking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1044.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-230</b> Date of Disbursement 08 / 03 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 68.37	
City Louisville      State KY      Zip Code 40223-5390	Purpose of Disbursement Reimbursement - Office Supplie Candidate Name Category/Type: 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-231</b> Date of Disbursement 08 / 03 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 42.14	
City Louisville      State KY      Zip Code 40223-5390	Purpose of Disbursement Reimbursement - Postage Candidate Name Category/Type: 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-254</b> Date of Disbursement 08 / 17 / 2007	
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 5.54	
City Cincinnati      State OH      Zip Code 45203-1543	Purpose of Disbursement Workers Comp. Candidate Name Category/Type: 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

116.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-255</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 395.23
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-256</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADP Processing Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-249</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 887.27
City Louisville State KY Zip Code 40223-5390	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1333.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-250</b> Date of Disbursement 08 / 17 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 208.34
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Office Suppl Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-251</b> Date of Disbursement 08 / 17 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 152.64
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for copy fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-252</b> Date of Disbursement 08 / 17 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 88.89
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for misc. - tshi Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>449.87</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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-253</b> Date of Disbursement 08 / 17 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 0.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40223-5390	001 Category/Type	
Purpose of Disbursement Reimbursement for postage Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Complete Campaigns</b>		<b>Transaction ID: B-E-245</b> Date of Disbursement 08 / 18 / 2007
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102-4548	001 Category/Type	
Purpose of Disbursement Monthly Fee & additional chrg Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Vote Strategies</b>		<b>Transaction ID: B-E-247</b> Date of Disbursement 08 / 18 / 2007
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 880.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frankfort State KY Zip Code 40604-4146	006 Category/Type	
Purpose of Disbursement Paraphernalia: push cards Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1505.97
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Pay Pal</b>		<b>Transaction ID: B-E-268</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 70.94
City San Jose State CA Zip Code 95131-2021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Processing Fees - 7.1 - 8.17 Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy Printing</b>		<b>Transaction ID: B-E-246</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 832 S 6th Street		Amount of Each Disbursement this Period 1389.00
City Louisville State KY Zip Code 40203-2124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement letterhead, envelopes & BRES Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Silver Spoon</b>		<b>Transaction ID: B-E-248</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 604 S 3rd Street Suite 300		Amount of Each Disbursement this Period 500.00
City Louisville State KY Zip Code 40202-2402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: Deposit for catering Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1959.94
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-294</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 5.54
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Workers Comp Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-295</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement ADP Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-296</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 395.23
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	451.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID: B-E-293</b> Date of Disbursement 08 / 31 / 2007
Mailing Address PO Box 538641		Amount of Each Disbursement this Period 158.92
City Atlanta State GA Zip Code 30353-8641	Purpose of Disbursement cell phone bill Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Forms Management Inc.</b>		<b>Transaction ID: B-E-290</b> Date of Disbursement 08 / 31 / 2007
Mailing Address 5805 Flagstone Court		Amount of Each Disbursement this Period 245.92
City Louisville State KY Zip Code 40219-2401	Purpose of Disbursement Paraphernalia: Banner for UL games Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Polka Dots Invitations &amp; Stationery</b>		<b>Transaction ID: B-E-292</b> Date of Disbursement 08 / 31 / 2007
Mailing Address 6928 Windham Parkway		Amount of Each Disbursement this Period 344.50
City Prospect State KY Zip Code 40059-8863	Purpose of Disbursement Fundraising: UK invites Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>749.34</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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy Printing</b>		<b>Transaction ID: B-E-291</b> Date of Disbursement 08 / 31 / 2007
Mailing Address 832 S 6th Street		Amount of Each Disbursement this Period 964.97
City Louisville State KY Zip Code 40203-2124	Purpose of Disbursement Fundraising: Invitations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-297</b> Date of Disbursement 08 / 31 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 887.27
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-298</b> Date of Disbursement 08 / 31 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 49.06
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Office Suppl Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1901.30
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-299</b> Date of Disbursement 08 / 31 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 943.00	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Postage - No	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-300</b> Date of Disbursement 08 / 31 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 14.00	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Misc.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-301</b> Date of Disbursement 08 / 31 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 64.57	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Copy Fees -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1021.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-302</b> Date of Disbursement 08 / 31 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 10.00	
City Louisville      State KY      Zip Code 40223-5390	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Reimbursement for Parking	Category/Type 001		
Candidate Name	<input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Pay Pal</b>		<b>Transaction ID: B-E-453</b> Date of Disbursement 09 / 03 / 2007	
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 40.00	
City San Jose      State CA      Zip Code 95131-2021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Monthly Processing Fee	Category/Type 001		
Candidate Name	<input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pay Pal</b>		<b>Transaction ID: B-E-456</b> Date of Disbursement 09 / 06 / 2007	
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 40.00	
City San Jose      State CA      Zip Code 95131-2021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Monthly Processing Fee	Category/Type 001		
Candidate Name	<input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	90.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs. Beth A. May</b>		<b>Transaction ID: B-I-398</b> Date of Disbursement 09 / 13 / 2007
Mailing Address 4704 Chauncey Lane		Amount of Each Disbursement this Period 632.51
City Louisville State KY Zip Code 40241-6108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inkind: Catering & Location for Meet & Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-354</b> Date of Disbursement 09 / 14 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 395.23
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-355</b> Date of Disbursement 09 / 14 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 18.85
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Workers Comp.		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1046.59
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-356</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement ADP Processing Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-452</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 334.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Red Tree Design</b>		<b>Transaction ID: B-E-352</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 4156 Westport Road		Amount of Each Disbursement this Period 675.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40207-2705	Purpose of Disbursement Upload photos to website Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1060.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-357</b> Date of Disbursement 09 / 14 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 887.27	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Administrative/Salary/Overhead: Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-358</b> Date of Disbursement 09 / 14 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 8.00	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Parking	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-359</b> Date of Disbursement 09 / 14 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 141.91	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Office Suppl	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1037.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-360</b> Date of Disbursement 09 / 14 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 205.00	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-361</b> Date of Disbursement 09 / 14 / 2007	
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 101.77	
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Reimbursement for Misc. - fund	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Forms Management Inc.</b>		<b>Transaction ID: B-E-396</b> Date of Disbursement 09 / 21 / 2007	
Mailing Address 5805 Flagstone Court		Amount of Each Disbursement this Period 152.57	
City Louisville State KY Zip Code 40219-2401	Purpose of Disbursement Paraphernalia: Lapel Stickers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 006		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	459.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Hurstbourne Country Club</b>		<b>Transaction ID: B-E-395</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 9000 Hurstbourne Club Lane		Amount of Each Disbursement this Period 825.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40222-5470	003 Category/Type	
Purpose of Disbursement Fundraising: Catering for UK FR Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pay Pal</b>		<b>Transaction ID: B-E-408</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 34.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Jose State CA Zip Code 95131-2021	001 Category/Type	
Purpose of Disbursement Online Processing Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		<b>Transaction ID: B-E-397</b> Date of Disbursement 09 / 21 / 2007
Mailing Address 119 N Evergreen Road		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40243-1439	001 Category/Type	
Purpose of Disbursement BRE account Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	909.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. Pay Pal</b>		<b>Transaction ID: B-E-424</b> Date of Disbursement 09 / 27 / 2007
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 42.28
City San Jose State CA Zip Code 95131-2021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Processing Fees Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ADP Employer Services</b>		<b>Transaction ID: B-E-447</b> Date of Disbursement 09 / 28 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 395.23
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ADP Employer Services</b>		<b>Transaction ID: B-E-448</b> Date of Disbursement 09 / 28 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 18.85
City Cincinnati State OH Zip Code 45203-1543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Workers Comp Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	456.36
<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)

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

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NAME OF COMMITTEE (In Full)  
Roberts For Congress

Full Name (Last, First, Middle Initial) <b>A. ADP Employer Services</b>		<b>Transaction ID: B-E-449</b> Date of Disbursement 09 / 28 / 2007
Mailing Address 500 W 7th Street		Amount of Each Disbursement this Period 51.00
City Cincinnati State OH Zip Code 45203-1543	Purpose of Disbursement Processing fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Miss Stephanie T. Boswell</b>		<b>Transaction ID: B-E-446</b> Date of Disbursement 09 / 28 / 2007
Mailing Address 10046 Willow Brook Circle		Amount of Each Disbursement this Period 887.27
City Louisville State KY Zip Code 40223-5390	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Pay Pal</b>		<b>Transaction ID: B-E-444</b> Date of Disbursement 09 / 30 / 2007
Mailing Address 2211 N 1st Street		Amount of Each Disbursement this Period 111.45
City San Jose State CA Zip Code 95131-2021	Purpose of Disbursement Processing Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1049.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>29677.72</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Roberts For Congress

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

Mailing Address 1602 Helmridge Court

City Louisville State KY Zip Code 40222-3917

Purpose of Disbursement  
Contribution Refund: Refund \$100 to Josh

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: B-E-353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Amount of Each Disbursement this Period

100.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

100.00

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

100.00

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Roberts For Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Century Data Systems Corp

Nature of Debt (Purpose):  
 Fundraising: BMW Direct Mail

Mailing Address 1155 15th Street NW  
 Suite 410

City State ZIP Code  
 Washington DC 20005-2748

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-DEBT475</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1459.29	0.00	1459.29

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

Nature of Debt (Purpose):  
 Fundraising: BMW Direct Mail

Mailing Address 2519 Brittons Hill Road

City State ZIP Code  
 Richmond VA 23230-2503

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-DEBT477</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2627.02	0.00	2627.02

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Consolidated Mailing Services

Nature of Debt (Purpose):  
 Fundraising: BMW Direct Mail

Mailing Address 504 Shaw Road

City State ZIP Code  
 Sterling VA 20166-9436

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-DEBT478</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
6543.02	0.00	6543.02

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>10629.33</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 69 / 69
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Roberts For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Patriot Partners, Inc.	Nature of Debt (Purpose): Fundraising: BMW Direct Mail
Mailing Address 1155 15th Street NW	
City State ZIP Code Washington DC 20005-2706	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10-DEBT481</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
16006.54	0.00	16006.54

1) <b>SUBTOTALS</b> This Period This Page (optional).....	16006.54
2) <b>TOTALS</b> This Period (last page this line number only).....	26635.87
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	