

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. C00327601 101998
HEYDT J PHILBECK
ROBERG FOR CONGRESS
PO BOX 98509
RALEIGH NC 27624

2. FEC IDENTIFICATION NUMBER
C00327601
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- July 16 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
on 11/3/98 in the State of NC
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)
- This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/15/98</u> through <u>11/23/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	49,610.04	258,011.69
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	49,610.04	258,011.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32,973.41	425,775.81
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	32,973.41	425,775.81
8. Cash on Hand at Close of Reporting Period (from Line 27)	16,490.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	190,000.00	

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

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

Type or Print Name of Treasurer
J. Heydt Philbeck

Signature of Treasurer [Signature] Date 12/2/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Tom Roberg For Congress - '98	From: 10/15/98	To: 11/23/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	18,925.00	
(ii) Unitemized -----	16,935.04	
(iii) Total of contributions from individuals -----	35,760.04	210,752.69
(b) Political Party Committees -----	5,000.00	9,909.00
(c) Other Political Committees (such as PACs) -----	9,850.00	37,350.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	49,610.04	258,011.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		130,000.00
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		130,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	49,610.04	398,011.69
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	32,973.41	425,775.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----		85.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	32,973.41	425,860.81
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 146.46	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 49,610.04	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 49,463.58	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 32,973.41	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 16,490.17	

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NAME OF COMMITTEE (In Full)

Tom Roberg For Congress 98

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>The Bayou Leader PAC 1230 Dartmouth Rd. Alexandria VA 22314</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>10/20/98</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Forest Landowners Assn. PAC P.O. Box 95385 Atlanta GA 30347</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date (month, day, year)</p> <p>10/23/98</p>	<p>Amount of Each Receipt this Period</p> <p>\$350.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>American Medical PAC 1101 Vermont Avenue, NW Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 7500.00</p>	<p>Date (month, day, year)</p> <p>10/26/98</p>	<p>Amount of Each Receipt this Period</p> <p>\$5000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Branch Banking & Trust Company P.O. Box 1290 Winston-Salem NC 27102-1290</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2500.00</p>	<p>Date (month, day, year)</p> <p>10/27/98</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>The Associated General Contractors of America PAC 1957 E. St., NW Washington DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2500.00</p>	<p>Date (month, day, year)</p> <p>11/4/98</p>	<p>Amount of Each Receipt this Period</p> <p>\$2500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	
<p>TOTAL This Period (last page this line number only)</p>	<p>8850.00</p>

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican National Committee 310 First St., SE Washington DC 20003		11/4/98	\$5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5000.00

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NAME OF COMMITTEE (In Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William T. Barnett 965 Meadow Ln. Henderson NC 27536	Barnett Properties	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$	\$350.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C. Fleming 5820 Rock Canyon Rd. Raleigh NC 27613		10/20/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Terry 10729 Winding Wood Tr. Raleigh NC 27613	Self	10/26/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Photographer	Aggregate Year-to-Date > \$	\$650.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Parrish 510 N. Strat St. Zebulon NC 27597	Parrish Realty	10/29/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Charles Helton 1015 Marlowe Rd. Raleigh NC 27609	CCSA	11/3/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date > \$	\$1500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
V. C. Wyatt 2206 Beechridge Rd. Raleigh NC 27608	Wyatt Quarles Seed	10/15/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Wholesaler	Aggregate Year-to-Date > \$	\$350.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Hulsey 1205 Chardon Court Raleigh NC 27609	Renaissance World	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: System Analyst	Aggregate Year-to-Date > \$	\$255.00

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry D. Thayer P.O. Box 19483 Raleigh NC 27619	Thayer Constuction	10/18/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.		
	Aggregate Year-to-Date >	\$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tami Fitzgerald 109 Carpathian Way Raleigh NC 27615	Glaxo-Wellcome	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date >	\$	\$300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sara Robertson P.O. Box 773 Wendell NC 27591	Self	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Farming		
	Aggregate Year-to-Date >	\$	\$450.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russ Barber 803 Roanoke Dr. Cary NC 27513	Wake Schools	10/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher		
	Aggregate Year-to-Date >	\$	\$375.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Schafer 8221-104 Hampshire Pl. Raleigh NC 27613	Register of Deeds	10/15/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Deputy Register		
	Aggregate Year-to-Date >	\$	\$435.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Appleby 207 Watts St. Durham NC 27701	US Navy	10/16/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date >	\$	\$1430.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rita Musante 3101 Cornwall Rd. Durham NC 27707-5101		10/23/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested		
	Aggregate Year-to-Date >	\$	\$250.00

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall J. Bye 8713 Fort Macon Ct. Raleigh NC 27615	Elinvar	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Recruiter		
	Aggregate Year-to-Date > \$	\$750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Gertsch 8617 Kings Arms Way Raleigh NC 27615		10/20/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested		
	Aggregate Year-to-Date > \$	\$600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. M. Condrey 4020 Westchase Blvd., Suite 275 Raleigh NC 27607	Northwest Mutual	10/27/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance Agent		
	Aggregate Year-to-Date > \$	\$1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Powell G. Fox 2700 Cambridge Run Raleigh NC 27608	Raleigh Community	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip S. Wise 605 Down Patrick Lane Raleigh NC 27615	Glaxo Wellcome	10/26/98	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing		
	Aggregate Year-to-Date > \$	\$325.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat H. Gillespie 8605 Highhill Rd. Raleigh NC 27615		10/22/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas E. Stratas 8717 Gleneagles Dr. Raleigh NC 27613-5419		10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > \$	\$250.00	

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Merrill Hunter 3025 Randolph Dr. Raleigh NC 27609	CCSVA Occupation: Physician	11/6/98	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maureen B. Scott 3206 Plantation Rd. Raleigh NC 27609	Retired Occupation: Retired	10/15/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$325.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judith C. Rembert 2817 Sparger Rd. Durham NC 27705	Duke Hosp. Occupation: Physiologist	10/20/98	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joy Pope 2520 Glenwood Avenue Raleigh NC 27608	Homemaker Occupation: Homemaker	10/20/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$2000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph C. Greenfield P.O. Box 3246 Durham NC 27710	Duke University Occupation: Physician	10/23/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Berry 4 Kendall Drive Chapel Hill NC 27515-2493	John Berry & Assoc Occupation: Owner	10/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerome S. Broder 3064 Granville Dr. Raleigh NC 27609	Broder Oil Co. Occupation: Broker	10/20/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$550.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

TOM Roberg For Congress 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannie B. Burkhardt 2101 Landings Way Raleigh NC 27615	Austin Quality Food	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO		
	Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Risher 8609 Six Forks Road 5th Floor Raleigh NC 27615	Exide Electronics	10/16/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman		
	Aggregate Year-to-Date > \$	\$550.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Pope 304 Forsyth St. Raleigh NC 27609	Variety Wholesaler	10/21/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP		
	Aggregate Year-to-Date > \$	\$2000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Grunewald 5805 Dutch Creek Dr. Raleigh NC 27606-8603		10/22/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested		
	Aggregate Year-to-Date > \$	\$225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Greg Bennett 307 Fairfield Lane Cary NC 27511	MRI/Sales Consultat	10/20/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales		
	Aggregate Year-to-Date > \$	\$350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I. Allan From 6909 Slade Hill Rd. Raleigh NC 27615	Self	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$	\$650.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory W. Stafford 68 Carson Ct. Pittsboro NC 27312	Self	10/20/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$	\$750.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerard J. Musante 3101 Cornwall Rd. Durham NC 27707-5101	Structure House Occupation: Psychologists	10/23/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene Richardson 312 Gretton Place Raleigh NC 27615	PMF, Inc. Occupation: Executive	10/16/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred W. Schmidt 673 Fearrington Post Pittsboro NC 27312	Retired Occupation: Retired	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Johnson 7212 Grist Mill Rd. Raleigh NC 27615	Glaxo Wellcome Occupation: Marketing	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis R. Welles 2711 Toxey Dr. Raleigh NC 27609	Retired Occupation: Retired	10/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$349.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fenton R. Ohmann 12012 Six Forks Rd. Raleigh NC 27614	Info Requested Occupation: Info Requested	10/18/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. Ledson 5110 Flint Ridge Pl. Raleigh NC 27609	Capital Savings Occupation: Sales	10/15/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy C. Oakes 418 Homestead Road Chapel Hill NC 27516		10/18/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested		
	Aggregate Year-to-Date > 3	\$260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Henson 27415 Walker, Governors Club Chapel Hill NC 27514	Self	10/20/98	\$600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist		
	Aggregate Year-to-Date > 6	\$1200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David G. Olmstead 2504 Catalina Ct. Raleigh NC 27607-6502	Self	10/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA		
	Aggregate Year-to-Date > 5	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J. Martin 1201 Buck Jones Rd. Raleigh NC 27606	Self	10/26/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: contractor		
	Aggregate Year-to-Date > 5	\$1250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Salzhauer 3120 Little Mountain Creek Rd. Oxford NC 27565		10/20/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > 5	\$500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bertram W. Coffey 14236 Wynfield Cir. Raleigh NC 27615	CHS, Inc.	10/22/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date > 3	\$1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara S. Pinna 313 Glasgow Road Cary NC 27511-6519		10/20/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Info Requested		
	Aggregate Year-to-Date > 5	\$400.00	

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

Tom Roberg for Congress 98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Al Ely 402 Indigo Drive Cary NC 27513	Counter Intelligen	10/18/98	\$100.00
		10/25/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OWNER	Aggregate Year-to-Date > \$ 240.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. James Clark 7500 Old Georgetown Rd. 15th Fl Bethesda MD 20814		10/26/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Info Requested	Aggregate Year-to-Date > \$ 1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
11250 Waples Mill Rd. Fairfax VA 22030		10/26/98	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation NRA Political Victory Fund	Aggregate Year-to-Date > \$ 2000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

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18 925.00

SCHEDULE C
(Revised 3/83)

LOANS

Page 2 of 4
LINE NUMBER 135
(Use separate schedules for each individual line)

Name of Debtor(s) For		Original Amount of Loan	Payments Made To Date	Balance Outstanding at Close of This Period
TOM ROBERT FOR CONGRESS - '98 A. Full Name, Mailing Address and ZIP Code of Loan Recipient TOM ROBERT 2104 PEECHAM PI. RALEIGH, NC 27624 Personal Funds		25,000.00	0	25,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Term: Date incurred <u>3/20/98</u> Date Due <u>NA</u> Interest Rate <u>NA</u> % <input type="checkbox"/> Secured		List All Employers (Use Form 990) Name A		
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		
B. Full Name, Mailing Address and ZIP Code of Loan Recipient TOM ROBERT 2104 PEECHAM PI. RALEIGH, NC 27624 Personal Funds		20,000.00	0	20,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Term: Date incurred <u>6/28/99</u> Date Due <u>NA</u> Interest Rate <u>NA</u> % <input type="checkbox"/> Secured		List All Employers (Use Form 990) Name B		
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Annual Guaranteed Compensation \$		

SCHEDULE C
(Revised 2/80)

LOANS

Name of Creditor (in Full)		Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
TOM ROBERT POB CONGRESS - 198 A. Full Name, Mailing Address and ZIP Code of Creditor Tom Robert 2109 Prescott Pl. Raleigh, NC 27624		25,000.00	0	25,000.00
B. Full Name, Mailing Address and ZIP Code of Loan Recipient Tom Robert 2109 Prescott Pl. Raleigh, NC 27624		20,000.00	0	20,000.00
C. List all businesses or businesses (if any) to which A or B is related.				
1. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Amount Outstanding Outstanding Name of Employer Occupation Amount Outstanding Outstanding				
2. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Amount Outstanding Outstanding Name of Employer Occupation Amount Outstanding Outstanding				
3. Full Name, Mailing Address and ZIP Code Name of Employer Occupation Amount Outstanding Outstanding Name of Employer Occupation Amount Outstanding Outstanding				

Name of Debtor (or Trust)			
Tom Robery For Congress			
A. Full Name, Mailing Address and ZIP Code of Loan Recipient		Original Amount of Loan	Balance Outstanding at Close of This Period
Tom Robery 2108 Peasecroft Pl. Raleigh, NC 27604		40,000.00	40,000.00
B. Date Acquired <u>12/2/88</u> Date Due <u>1/1</u> Interest Rate <u>14.50%</u>		E. Secured <input checked="" type="checkbox"/>	
List All Endorsers or Guarantors (If any) in Rows A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	
D. Full Name, Mailing Address and ZIP Code of Loan Recipient		Original Amount of Loan	Balance Outstanding at Close of This Period
B. Date Acquired _____ Date Due _____ Interest Rate _____ % (per)		E. Secured <input type="checkbox"/>	
List All Endorsers or Guarantors (If any) in Rows A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed/Outstanding	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 15 OF 17
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wake Co. Shrine Club 6015 LEADMINE RD. RALEIGH, NC 27612	Event Rental Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	1282.65
B. Full Name, Mailing Address and ZIP Code WTVD 16 W. MARTIN ST. RALEIGH, NC 27601	Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	4802.50
C. Full Name, Mailing Address and ZIP Code VideoFonix 1610 Midtown Pl. RALEIGH NC 27609	Media Production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98 10/21/98	1551.26 295.40
D. Full Name, Mailing Address and ZIP Code TODD STRUMKE 131 WALTONS CREEK PKWY MORRISVILLE, NC 27560	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	951.25
E. Full Name, Mailing Address and ZIP Code Dick Ellis 905 7th Ave 36-D GARNER, NC 27529	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	915.45
F. Full Name, Mailing Address and ZIP Code WRAL-TV 2619 WESTERN BLVD. RALEIGH, NC 27606	Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	12750
G. Full Name, Mailing Address and ZIP Code FEDEX Box 1140 MEMPHIS, TN 38101	Shipping Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	22.25
H. Full Name, Mailing Address and ZIP Code WPTF 3012 Highwoods Blvd. RALEIGH, NC 27604	Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98 10/16/98	6.00 5670.50
I. Full Name, Mailing Address and ZIP Code Browne Stone Hotel 1707 Hillsborough St. RALEIGH, NC 27605	Event Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	391.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT 4500 Falls of the Neuse Raleigh, NC 27609	Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/98 10/30/98 10/26/98	84.76 13.73 27.55
B. Full Name, Mailing Address and ZIP Code US Postmaster Raleigh, NC 27624	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/98 10/21/98	96.00 32.00
C. Full Name, Mailing Address and ZIP Code John Bell 302 Academy St CARY, NC 27511	Hardware Reimburse. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	14.00
D. Full Name, Mailing Address and ZIP Code Todd Strunke 131 Walnut Creek Pkwy Morrisville, NC 27560	Milage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	406.58
E. Full Name, Mailing Address and ZIP Code Dick Ellis 905 7th Ave 36-D GARNER, NC 27529	Milage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	150.33
F. Full Name, Mailing Address and ZIP Code Evelyn Bush 2533 Atlantic Ave. Raleigh, NC 27604	Election Night Expenses Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	60.30
G. Full Name, Mailing Address and ZIP Code Danka 3548 Bush St. Raleigh, NC 27609	Copier Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	440.58
H. Full Name, Mailing Address and ZIP Code Rustikat Photography 902 W. Vernon Ave. Kinston, NC 28501	Photography Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	611.53
I. Full Name, Mailing Address and ZIP Code Paychex 1520 Creekside Dr. DURHAM, NC 27703	Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98 10/22/98	62.06 849.56

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

TOM ROBERTS FOR CONGRESS - 1998

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ORANGE County Rep Party PO Box 783 Hillsborough, NC 27278	GOTV Activities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	100.00
SIDNEY Fish 4409 OAK MAVER LN FURQUAN - VARINA, NC 27501	SIGN STAKES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	160.00
WNCA RADIO Box 429 Siler City, NC 27344	MEDIA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	200.00
WPIC 515 Bant St. Raleigh, NC 27611	MEDIA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	300.00
AT&T Box 74225 Phoenix, AZ 85062	LONG DISTANCE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	99.26
Bellsouth Box 70807 Charlotte, NC 28272	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	408.20
TNT Internet Express Box 522 DENVER NC 28037	Web Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	15.00
Anthony & Co Box 10810 Raleigh, NC 27605	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	1364.54
WRTE 3013 Guess Rd. Durham, NC 27705	MEDIA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	600.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Tom Roberg For Congress - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jo Malinowski 105 Turq Creek Dr CARY, NC 27513	Office Supplies Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/98	120.39
B. Full Name, Mailing Address and ZIP Code BBRT 6200 Falls of the Neuse Rd. Raleigh, NC 27609	Purpose of Disbursement BANK CHARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/98 10/21/98 10/15/98	5.00 63.50 12.70
C. Full Name, Mailing Address and ZIP Code Tom Simpson P.O. Box 15823 Raleigh, NC 27624	Purpose of Disbursement MOVING SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/98	200.00
D. Full Name, Mailing Address and ZIP Code Laura Chappell 2562 NC 751 Apex, NC 27502	Purpose of Disbursement Bookkeeping Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	1,500.00
E. Full Name, Mailing Address and ZIP Code Paychex 1520 Creekside Dr. Durham, NC 27703	Purpose of Disbursement PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98 10/16/98 11/4/98	352.78 56.06 845.56
F. Full Name, Mailing Address and ZIP Code Todd Strunk 131 Waltons Creek Pkwy Morrisville, NC 27560	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98 11/4/98	570.84 951.45
G. Full Name, Mailing Address and ZIP Code Dick Ellis 905 7th Ave, 36D GARNER, NC 27529	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98 11/4/98	449.50 915.45
H. Full Name, Mailing Address and ZIP Code Rainbow Water Service Box 2833 Durham, NC 27716	Purpose of Disbursement WATER SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98	14.44
I. Full Name, Mailing Address and ZIP Code JUS Livery 7604 Trowbridge Ct Raleigh, NC 27613	Purpose of Disbursement CAR SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98 10/26/98	140.00 175.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

TOM ROBERG FOR CONGRESS - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>WTRG 3100 S. Marketeer Ct. Raleigh, NC 27604</u>	<u>Media</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/16/98</u>	<u>4301.00</u>
<u>Wilma Durham 1427 Arlington Dr. Raleigh, NC 27608</u>	<u>Phone banking</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<u>10/15/98</u>	<u>204.00</u>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period


SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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