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NAME OF COMMITTEE (In Full)

Tom Roberg for Congress Committee - '98

<b>A. Full Name, Mailing Address and ZIP Code</b> David Victor Brooks 2000 Regency Prkwy., Ste. 150 Cary NC 27511		Name of Employer Self	Date (month, day, year) 6/23/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Coleman N. Sullivan Box 31846 Raleigh NC 27612		Name of Employer Self	Date (month, day, year) 6/17/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Lumber Broker	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Charles Smith P.O. Box 1586 Cary NC 27512		Name of Employer Self	Date (month, day, year) 6/29/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Best Effort	Aggregate Year-to-Date > \$ 1000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Charles E. Douthit 1200 Trillium Cir. Raleigh NC 275606		Name of Employer Self	Date (month, day, year) 6/17/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Apartment owner	Aggregate Year-to-Date > \$ 750.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Catherine Rowan 2808 Cape Hope Way Las Vegas NV 89121		Name of Employer Self	Date (month, day, year) 6/21/98	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Carol K. Kelly 60154 Burton Chapel Hill NC 27514		Name of Employer NC Spine Center	Date (month, day, year) 6/17/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Sr. Research Scientist	Aggregate Year-to-Date > \$ 500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> C. L. Moorefield 3410 Lake Wheeler Rd. Raleigh NC 27603		Name of Employer Self	Date (month, day, year) 6/29/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Builder	Aggregate Year-to-Date > \$ 375.00	

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

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