

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

FEDERAL ELECTION COMMISSION

Oct 22 9 26 AM '98

1. NAME OF COMMITTEE (in full)  
**Roberg For Congress**

ADDRESS (number and street)  Check if different than previously reported.  
**PO Box 98509**

CITY, STATE and ZIP CODE STATE/DISTRICT  
**Raleigh, NC 27624 NC4**

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 General (Type of Election)  
election on 11/3/98 in the State of NC

July 15 Quarterly Report

October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)  Termination Report

This report contains  
actively for  Primary Election  General Election  Special Election  Runoff Election

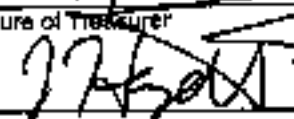
## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/1/98</u> through <u>10/14/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	15,266.98	208,401.65
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	15,266.98	208,401.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	74,475.73	392,802.40
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	74,475.73	392,802.40
8. Cash on Hand at Close of Reporting Period (from Line 27)	146.46	
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)	180,000.00	

For further information contact:  
Federal Election Commission  
889 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-219-3420

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. Hoyt Philbeck**

Signature of Treasurer  Date **10/21/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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FEC FORM 3  
(revised 4/87)

# 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	From: 10/1/98	To: 10/14/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5,000.00	
(ii) Unitemized	9,266.98	
(iii) Total of contributions from Individuals	14,266.98	174,992.65
(b) Political Party Committees		4,909.00
(c) Other Political Committees (such as PACs)	1000.00	28,500.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	15,266.98	208,401.65
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	40,000.00	130,000.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	40,000.00	130,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	55,266.98	338,401.65
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES</b>	74,475.73	392,802.40
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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))		
<b>21. OTHER DISBURSEMENTS</b>		85.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	74,475.73	392,887.40
III. CASH SUMMARY		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$ 19,355.21	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$ 55,266.98	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$ 74,622.19	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$ 74,475.73	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$ 146.46	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)  
Tom Reberg 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 G. Way 7713 Oakmont Place Raleigh NC 27615	Wake Radiology	10/7/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		
	Aggregate Year-to-Date >	\$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William L. Williams 1320 Kershaw Drive Raleigh NC 27609		10/7/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	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
W. J. Alphin 11105 Farnwood Dr. Raleigh NC 27613		10/7/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate		
	Aggregate Year-to-Date >	\$	\$410.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.A. Hilliard 6840 Greystone Dr. Raleigh NC 27615	RMA	10/9/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investments		
	Aggregate Year-to-Date >	\$	\$285.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Ira Lee 501 Marlowe Rd. Raleigh NC 27609		10/3/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date >	\$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John V. Zeok 1601 Quaker Ridge Point Raleigh NC 27615	Carolina Cardiovas	10/3/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Cardiothoracic Surgeon		
	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
John LePere 6408 Gainesborough Dr. Raleigh NC 27612		10/7/98	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
	Aggregate Year-to-Date >	\$	\$435.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 1191

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NAME OF COMMITTEE (In Full)

Tom Robegg for Congress - 1998

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry W. Boyd 1200 Kinsdale Rd. Raleigh NC 27615	E. Boyd & Assoc.	10/7/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Intl. Trading	Aggregate Year-to-Date > \$	\$1150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Russell Smith 8916 Woodstone Dr. Raleigh NC 27615	Amerimark Bldg. Pr	10/7/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Executive	Aggregate Year-to-Date > \$	\$350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Antista 1201 Aversboro Road, Suite H-203 Garner NC 27529	Self	10/7/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Travel Agent	Aggregate Year-to-Date > \$	\$285.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. Cartwright 7401 Haymarket Lane Raleigh NC 27615	Cooper Tool	10/7/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Division President	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gladys Yanoschik 390 Fearington Post Pittsboro NC 27312		10/3/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$240.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. L. Robuck PO Box 17102 Raleigh NC 27619	Robuck Homes, Inc.	10/7/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder/Developer	Aggregate Year-to-Date > \$	\$225.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan R. Hughes 904 Westwood Drive Raleigh NC 27607	Hughes/Pittman/Gup	10/9/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$	\$625.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 1191

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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
D. James McDonald 2409 Tyson Street Raleigh NC 27612 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$	10/7/98 \$500.00	\$500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

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

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

5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Tom Roberts For Congress - '98

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Newt Gingrich PAC PO Box 1399 Roswell GA 30077		10/3/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
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) .....

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

1,000.00

LOANS

Name of Committee (in Full)

**TOM ROBERG FOR CONGRESS - '98**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>TOM ROBERG</b> <b>2108 PRESOTT DR.</b> <b>DALEIGH, NC 27624</b> Loan Source: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Personal FUNDS	Original Amount of Loan <b>25,000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>25,000.00</b>
Terms: Date Incurred <b>7/2/98</b> Date Due <b>N/A</b> Interest Rate <b>N/A</b> (app) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item 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: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source <b>TOM ROBERG</b> <b>2108 PRESOTT DR.</b> <b>DALEIGH, NC 27624</b> Loan Source: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Personal FUNDS	Original Amount of Loan <b>25,000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>25,000.00</b>
Terms: Date Incurred <b>12/23/98</b> Date Due <b>N/A</b> Interest Rate <b>N/A</b> (app) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item B

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: \$	

SUBTOTALS This Period This Page (optional) \_\_\_\_\_  
 TOTALS This Period (last page in this file only) \_\_\_\_\_

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

LOANS

Name of Committee (In Full)  
**TOM ROBERG FOR CONGRESS - '98**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>TOM ROBERG PERSONAL FUNDS</b> <b>2104 PRESBY PL.</b> <b>Raleigh, NC 27624</b>		Original Amount of Loan <b>25,000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>25,000.00</b>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <b>3/30/98</b> Date Due <b>NA</b> Interest Rate <b>NA</b> % (apr) <input type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item A		
1. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		
2. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		
3. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>TOM ROBERG PERSONAL FUNDS</b> <b>2104 PRESBY PL.</b> <b>Raleigh, NC 27624</b>		Original Amount of Loan <b>20,000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>20,000.00</b>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <b>6/28/98</b> Date Due <b>NA</b> Interest Rate <b>NA</b> % (apr) <input type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item B		
1. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		
2. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		
3. Full Name, Mailing Address and ZIP Code <del>_____</del>		Name of Employer <del>_____</del>		
<del>_____</del>		Occupation <del>_____</del>		
<del>_____</del>		Amount Guaranteed Outstanding: \$ <del>_____</del>		

SURTOTALS This Period This Page (optional) \_\_\_\_\_

TOTALS This Period (last page in this fine only) \_\_\_\_\_

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



**SCHEDULE C**  
 (Revised 3/80)

**LOANS**

Name of Committee (In Full)  
**TOM ROBERG FOR CONGRESS - '98**

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Tom Roberg 2108 Prescott Pl. Raleigh, NC 27624	25,000.00	0	25,000.00

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred 9/26/98 Date Due NA Interest Rate NA % (apr)  Secured

List All Endorsers or Guarantors (If any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Tom Roberg 2108 Prescott Pl. Raleigh, NC 27624	20,000.00	0	20,000.00

Election:  Primary  General  Other (specify):  
 Terms: Date Incurred 9/25/98 Date Due NA Interest Rate NA % (apr)  Secured

List All Endorsers or Guarantors (If any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding:
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>
<del>AS</del>	<del>AS</del>	<del>AS</del>	<del>AS</del>

SUBTOTALS This Period This Page (optional) .....  
 TOTALS This Period (last page in this line only) ..... **140,000.00**

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

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Name of Committee (in Full) <b>Tom Robery For Congress</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Tom Robery 2106 Peescott Pl. Raleigh, NC 27624</b>	Original Amount of Loan <b>40,000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>40,000.00</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <b>10/2/98</b> Date Due <b>NA</b> Interest Rate <b>NA apr</b> <span style="float:right">L Secured <input checked="" type="checkbox"/></span>			
List All Endorsers or Guarantors (if any) to Item A			
<del>1. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>	(This area is shaded out)	
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>		
<del>2. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>		
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>	(This area is shaded out)	
<del>3. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>		
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <span style="float:right">L Secured _____</span>			
List All Endorsers or Guarantors (if any) to Item B			
<del>1. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>	(This area is shaded out)	
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>		
<del>2. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>		
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>	(This area is shaded out)	
<del>3. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>		
<del>Occupation</del>	<del>Amount Guaranteed Outstanding:</del>		
SUBTOTALS This Period This Page (optional) .....			
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 139

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)

TOM ROBERG FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Tom Roberg 2108 Prescott Pl. Raleigh NC 27624	Name of Employer *SOURCE: PERSONAL FUNDS Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/2/98	Amount of Each Receipt this Period 40,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

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

40,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)  
TOM ROBERG FOR CONGRESS COMMITTEE - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BEEL SOUTH POST OFFICE BOX 33009 CHARLOTTE, NC 28243	PHONE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	\$394.22
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PIEDMONT AVIATION 1150 N. RAMP DR. RALEIGH, NC 27623	AVIATION SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98 10/14/98	\$630.57 \$5,909.34
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DANKA POST OFFICE BOX 740718 ATLANTA, GA 30374	COPIER SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	\$811.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TRIAD GRAPHICS 2013 NEW HOPE CHURCH RD. RALEIGH, NC 27604	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COPY CENTER 2900 SPRING FOREST RD. RALEIGH, NC 27615	COPIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98	\$214.12
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROTTERMAN & ASSOCIATES TRIANGLE MEDIA POST OFFICE BOX 99667 RALEIGH, NC 27624	MEDIA PLACEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98 10/6/98 10/7/98	\$3,339.20 \$1,620.00 \$2,730.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DECK ELLIS 905 7TH AVE. GARNER, NC 27529	MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/97	\$100.34
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TODD STRUNK 131 WALTON CREEK RD. MORRISVILLE, NC	MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98 10/12/98	\$153.00 \$490.07
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROTTERMAN & ASSOCIATES TRIANGLE MEDIA POST OFFICE BOX 99667 RALEIGH, NC 27624	MEDIA PLACEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	\$3,000.00

SUBTOTAL of Disbursements This Page (optional) ..... \$20,390.96

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **2** OF **4**  
FOR LINE NUMBER **17**

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**NAME OF COMMITTEE (in Full)**  
TOM ROBERG FOR CONGRESS COMMITTEE - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER POST OFFICE RALEIGH, NC 27624	POSTAGE	10/1/98	\$55.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/98	\$64.00
TEL OPINION RESEARCH 107 DELAWARE AVE. BUFFALO, NY 14202	POLLING	10/1/98	\$2,800.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
CN INVESTORS, LLC POST OFFICE BOX 10810 RALEIGH, NC 27605	RENT	10/1/98	\$1,364.54
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
VIDEOFONICS 1610 MIDDLETOWN PL. RALEIGH, NC 27609	VIDEO SERVICES	10/1/98	\$947.24
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/98 10/8/98	\$1,233.62 \$18.02
ROTTERMAN & ASSOCIATES POST OFFICE BOX 99667 RALEIGH, NC 27624	FUNDRAISING CONSULTING	10/1/98	\$3,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
ROTTERMAN & ASSOCIATES TRIANGLE MEDIA POST OFFICE BOX 99667 RALEIGH, NC 27624	MEDIA PLACEMENT	10/2/98	\$22,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/98 10/5/98	\$1,050.00 \$3,300.00
MOORE PRINTING 2509 ATLANTIC AVE. RALEIGH, NC 27604	PRINTING	10/2/98	\$5,650.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
RUSTIKAT PHOTOGRAPHY 902 W. VERNON AVE. KINSTON, NC 28501	PHOTOGRAPHY	10/2/98	\$480.98
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
EDDIE HENDLEY 551 BAGEFIELD DR. HENDERSON, NC 27536	SIGNS	10/2/98	\$4,200.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

**SUBTOTAL** of Disbursements This Page (optional) ..... \$46,163.45

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 TOM ROBERG FOR CONGRESS COMMITTEE - 98

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DICK ELLIS 905 7TH AVE. GARNER, NC 27529	<b>SALARY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	\$915.45
TODD STRUMBE 171 WALTONS CREEK RD. MORRISVILLE, NC	<b>SALARY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	\$951.25
PAYCHEX 4625 CREEKSTONE DR. DURHAM, NC 27703	<b>PAYROLL TAXES</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	\$855.65
JEFF NIXON 105 KINOLEY WOOD CIR. DURHAM, NC 27703	<b>CAMPAIGN WORK</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	\$90.00
AMANDA NIXON 105 KINGSLEY WOOD CIR. DURHAM, NC 27703	<b>CAMPAIGN WORK</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	\$30.00
JOE STANSBURY POST OFFICE BOX 99667 RALEIGH, NC 27624	<b>CAMPAIGN WORK</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	\$90.00
BEAT 6200 FALLS OF THE NEUSE RD. RALEIGH, NC 27609	<b>BANK CHARGES</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98 10/5/98	\$18.79 \$12.75
SUNNY FISH 4409 OAK MANOR DR. FUQUAY VARIANA, NC 27530	<b>LUMBER</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	\$640.00
ABAP DIRECT MAIL 2424 ATLANTIC AVE. RALEIGH, NC 27604	<b>MAIL SERVICES</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98	\$160.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$3,763.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

TOM ROSEBERG FOR CONGRESS COMMITTEE - 99

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Post Office Box 8212 AURORA IL 60572	LONG DISTANCE SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/98 10/12/98	\$39.37 \$131.89
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TNT INTERNET EXPRESS BOX 522 DENVER, NC 29037	INTERNET SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/97	\$13.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ERTAGE, INC. BOX 6417 RALPHIGH, NC 27624	AUDIO SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/97	\$252.20
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAYCHEX 4625 CREEKSTONE DR DURHAM, NC 27703	PAYROLL SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/97	\$56.96
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAROLINA CLIPPING SERVICE 1115 HILLSBOROUGH ST. RALPHIGH, NC 27603	NEWS CLIPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/97	\$61.66
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WAKE CO. REPUBLICAN PARTY POST OFFICE BOX 5155 CARY, NC 27512	ELECTION DAY ACTIVITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/97	\$33.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WILMA DURHAM 1827 ARLINGTON ST. RALPHIGH, NC 27608	CAMPAIGN WORK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/97	\$313.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BROWNESTONE HOTEL 1707 HILLSBOROUGH ST. RALPHIGH, NC 27603	EVENT RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	\$1,798.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VIDEOFONICS 1610 MIDDLETOWN PL. RALPHIGH, NC 27609	VIDEO SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/98	\$1,307.00

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

\$4,157.38

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

\$74,475.73

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/22/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RCS</i> PREPARER	<i>10/22/98</i> DATE PREPARED