

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**Bobby Schilling for Congress**

ADDRESS (number and street) 367 Avenue of The Cities Suite D  
Check if different than previously reported. (ACC) East Moline IL 61244

2. **FEC IDENTIFICATION NUMBER** C C00459354 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT  
IL 17

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 03 / 18 / 2014 in the State of IL  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 01 / 01 / 2014 through 02 / 26 / 2014

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 Mr. Mitch Heckenkamp

Signature of Treasurer Mr. Mitch Heckenkamp [Electronically Filed] Date 03 / 02 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Bobby Schilling for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	34808.68	331815.31
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34808.68	329315.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35994.46	158256.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7928.31
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35994.46	150327.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	269851.83	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bobby Schilling for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 02 / 26 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27014.68	208679.63
(ii) Unitemized.....	7794.00	43269.88
(iii) TOTAL of contributions from individuals ▶	34808.68	251949.51
(b) Political Party Committees.....	0.00	9175.00
(c) Other Political Committees (such as PACs).....	0.00	70690.80
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34808.68	331815.31
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	1353.05
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	7928.31
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	34808.68	341096.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35994.46	158256.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	35994.46	160756.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	271037.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34808.68
25. SUBTOTAL (add Line 23 and Line 24).....	305846.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	35994.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	269851.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gerald Butts**

Mailing Address 3511 53rd St.

City Moline State IL Zip Code 61265

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

Name of Employer Cleaveland Insurance Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015214**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address R.R. 1 Box 144

City Oquawka State IL Zip Code 61469

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015219**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carol Trumpe**

Mailing Address 6904 Challacombe Rd

City Edwards State IL Zip Code 61528

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015220**

Amount of Each Receipt this Period  
**250.00**

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

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

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry C. Stone**

Mailing Address 8913 N Galena Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : 0015222**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Virginia R Wilson**

Mailing Address 14 Lighthouse Lane

City Hampton State IL Zip Code 61256

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

Name of Employer retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : 0015225**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 3403 Kilkenny Dr

City Crystal Lake State IL Zip Code 60014

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 08 / 2014**

**Transaction ID : 0015228**

Amount of Each Receipt this Period  
**100.00**

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

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

**375.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Tennant**

Mailing Address 10204 E. Arrowvale Dr

City Chandler State AZ Zip Code 85248

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015229**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ginny Pettit**

Mailing Address 116 South Side Dr

City Geneseo State IL Zip Code 61254

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015234**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Ken Bowen**

Mailing Address 3207 14th St

City Moline State IL Zip Code 61265

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

Name of Employer Crippen, Reid & Bowen, CPAs Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015237**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Coyle**

Mailing Address 10511 N. Sunrise Ct

City Peoria State IL Zip Code 61525

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015242**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Van Hoe**

Mailing Address 711 3rd St A

City Moline State IL Zip Code 61265

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 08 / 2014

**Transaction ID : 0015243**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 60 Rose Dr

City East Dubuque State IL Zip Code 61025

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015252**

Amount of Each Receipt this Period  
 100.00

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

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

600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Stone**

Mailing Address 142 W Detweiller Dr

City Peoria State IL Zip Code 61615

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

Name of Employer RLI Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015253**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 3455 14th St.

City Moline State IL Zip Code 61265

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

Name of Employer Mills Chevrolet Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015255**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**David Mills**

Mailing Address 3455 14th St.

City Moline State IL Zip Code 61265

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

Name of Employer Mills Chevrolet Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015256**

Amount of Each Receipt this Period  
-2400.00

**[MEMO ITEM]  
REDESIGNATION**

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

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

7600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Mills**

Mailing Address 3455 14th St.

City Moline State IL Zip Code 61265

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

Name of Employer Mills Chevrolet Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015257**

Amount of Each Receipt this Period  
2400.00

**[MEMO ITEM]  
REDESIGNATION**

**B.** Full Name (Last, First, Middle Initial)  
**Aaron Tennant**

Mailing Address 13249 US Hwy 150

City Orion State IL Zip Code 61273

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

Name of Employer Tennant Trucking Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015261**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Norma Ellington**

Mailing Address 1227 W. Barker Ave

City Peoria State IL Zip Code 61606

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015262**

Amount of Each Receipt this Period  
500.00

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

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

3100.00

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

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

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kay Ferris**

Mailing Address 1408 Ave D

City Sterling State IL Zip Code 61081

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

Name of Employer Self Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015268**

Amount of Each Receipt this Period  
 50.00

Amount of Each Receipt this Period  
 450.00

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

Mailing Address 3743 40th St Pl

City Moline State IL Zip Code 61265

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015273**

Amount of Each Receipt this Period  
 25.00

Amount of Each Receipt this Period  
 550.00

**C.** Full Name (Last, First, Middle Initial)  
**Jack Sharkey**

Mailing Address P.O. Box 3156

City Quincy State IL Zip Code 62305

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

Name of Employer Shippers Rental Co. Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015274**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

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

325.00

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

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

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Thoms**

Mailing Address 4205 14th St.

City State Zip Code  
Rock Island IL 61201

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015279**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**John F. Green**

Mailing Address RR 1 Box 68

City State Zip Code  
Little York IL 61453

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

Name of Employer Occupation  
Self Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015285**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Cerkez**

Mailing Address 205 Seminole Dr

City State Zip Code  
Galesburg IL 61401

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
243.54

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 26 / 2014

**Transaction ID : 0015300**

Amount of Each Receipt this Period  
24.54

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

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

3124.54

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

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

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Julie Bush**

Mailing Address 6800 78th Ave West

City Milan State IL Zip Code 61264

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

Name of Employer Self Employed Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 26 / 2014**

**Transaction ID : 0015305**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2960 15th Ave

City Moline State IL Zip Code 61265

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

Name of Employer Willis of Illinois Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 15 / 2014**

**Transaction ID : 0015395**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Augustin Hart**

Mailing Address R.R. 1 Box 152

City Oquawka State IL Zip Code 61469

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 15 / 2014**

**Transaction ID : 0015399**

Amount of Each Receipt this Period  
**250.00**

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

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

**600.00**

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

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

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Virginia R Wilson**

Mailing Address 14 Lighthouse Lane

City Hampton State IL Zip Code 61256

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

Name of Employer retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015400**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dathan Kerber**

Mailing Address 40 White Pine Rd

City Geneseo State IL Zip Code 61254

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015406**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Wetzel**

Mailing Address 20 Braeburn Lane

City Barrington State IL Zip Code 60010

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015409**

Amount of Each Receipt this Period  
**500.00**

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

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

**650.00**

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

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

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Cerkez**

Mailing Address 205 Seminole Dr

City Galesburg State IL Zip Code 61401

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **263.54**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015411**

Amount of Each Receipt this Period  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
**Don Tracy**

Mailing Address 1429 E Lakeshore Dr

City Springfield State IL Zip Code 62712

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

Name of Employer Brown Hay Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015416**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Emil Klingler**

Mailing Address 14589 Roos Hill Rd

City Geneseo State IL Zip Code 61254

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

Name of Employer retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 0015423**

Amount of Each Receipt this Period  
 200.00

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

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

**470.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lona Pribble**

Mailing Address 516 E North St

City State Zip Code  
Geneseo IL 61254

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

Name of Employer Occupation  
Allquip, Inc Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2014

**Transaction ID : 0015424**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Dittmar**

Mailing Address 433 W Shaw Rd

City State Zip Code  
Elizabeth IL 61028

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 0015341**

Amount of Each Receipt this Period  
250.00

GENERAL/UNCODED

**C.** Full Name (Last, First, Middle Initial)  
**Robert Turner**

Mailing Address 175 Ocean Ave

City State Zip Code  
Breezy Point NY 11697

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

Name of Employer Occupation  
The Nickles Group Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 0015342**

Amount of Each Receipt this Period  
1000.00

GENERAL/UNCODED

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

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

1350.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Gerdes**

Mailing Address 1111 Caroline Apt. 2607

City Houston State TX Zip Code 77010

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

Name of Employer Vinson & Elkins, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 0015343**

Amount of Each Receipt this Period  
 2500.00

GENERAL/UNCODED

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

Mailing Address 702 E 4th St

City Coal Valley State IL Zip Code 61240

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 0015367**

Amount of Each Receipt this Period  
 50.00

GENERAL/UNCODED

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

Mailing Address 410 Woodrow St

City Winnebago State IL Zip Code 61088

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

Name of Employer Chrysler Occupation Laborer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 0015376**

Amount of Each Receipt this Period  
 100.00

GENERAL/UNCODED

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

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

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Leesman**

Mailing Address 102 Galt Road  
P.O. Box 100

City Galt State IL Zip Code 61037

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.14

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 0015380**

Amount of Each Receipt this Period  
20.14  
GENERAL/UNCODED

**B.** Full Name (Last, First, Middle Initial)  
**Jill Green**

Mailing Address 4530 6th St. Ct.

City East Moline State IL Zip Code 61244

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

Name of Employer Green Chevrolet Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 26 / 2014

**Transaction ID : 0015432**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Gochee**

Mailing Address 13405 322nd St. W

City Illinois City State IL Zip Code 61259

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 26 / 2014

**Transaction ID : 0015439**

Amount of Each Receipt this Period  
1000.00

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

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

3620.14

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 36

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shirley Gochee**

Mailing Address 13405 322nd St. W.

City State Zip Code  
 Illinois City IL 61259

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

Name of Employer Occupation  
 Homemaker Homemaker

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 26 2014

**Transaction ID : 0015440**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

27014.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Carlyle Gregory Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 140 Little Falls St. #104		Amount of Each Disbursement this Period 1729.67 <b>Transaction ID : 0015314</b>
City Falls Church	State VA Zip Code 22046	
Purpose of Disbursement Campaign Consulting Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jon Schweppe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 24209 Hillcrest Drive		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : 0015315</b>
City Sterling	State IL Zip Code 61081	
Purpose of Disbursement Campaign Consulting Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Country Club of Peoria</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 4700 N. Grandview Dr		Amount of Each Disbursement this Period 656.28 <b>Transaction ID : 0015310</b>
City Peoria	State IL Zip Code 61616	
Purpose of Disbursement Food for Fundraiser	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3135.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 182.53
City Moline State IL Zip Code 61265	Purpose of Disbursement Food for Fundraiser 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015313
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 142.50
City Moline State IL Zip Code 61265	Purpose of Disbursement Fundraising Consulting 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015318
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Machine Consultants</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 3624 Blackhawk Road		Amount of Each Disbursement this Period 347.57
City Rock Island State IL Zip Code 61201	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015312
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	672.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mediacom</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address P.O. Box 5744		Amount of Each Disbursement this Period 60.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	<b>Transaction ID : 0015311</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Christie Schilling</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 1 Goembel Ct		Amount of Each Disbursement this Period 1750.00
City Colona	State IL	
Zip Code 61241	Purpose of Disbursement Office Rent	<b>Transaction ID : 0015316</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jim Bowman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address 1002 17th Ave		Amount of Each Disbursement this Period 6666.67
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Campaign Consulting Expense	<b>Transaction ID : 0015320</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8476.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial)  
**A. Catalyst Group**

Mailing Address 1115 Massachusetts Ave NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : 0015323

Category/Type: 003

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

Mailing Address P.O. Box 5744

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Phone Bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 203.97

Transaction ID : 0015324

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. John Fogarty**

Mailing Address 4980 N Marine Dr

City Chicago State IL Zip Code 60640

Purpose of Disbursement Attorney Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 18 / 2014

Amount of Each Disbursement this Period: 2625.00

Transaction ID : 0015329

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 5828.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2943.71 <b>Transaction ID : 0015325</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address P.O. Box 6438		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : 0015326</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. Adrian Madunic</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 46.00 <b>Transaction ID : 0015328</b>
City East Moline	State IL	
Zip Code 61244	Purpose of Disbursement Postage Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3019.71
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jim Bowman</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 1002 17th Ave		Amount of Each Disbursement this Period 6666.66 <b>Transaction ID : 0015332</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Campaign Consulting Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Department of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : 0015330</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jon Schweppe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 24209 Hillcrest Drive		Amount of Each Disbursement this Period 1873.44 <b>Transaction ID : 0015331</b>
City Sterling State IL Zip Code 61081	Purpose of Disbursement Payroll Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8555.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tebockhorst Accounting</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 917 26th Street		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : 0015336</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Machine Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 3624 Blackhawk Road		Amount of Each Disbursement this Period 46.69 <b>Transaction ID : 0015334</b>
City Rock Island State IL Zip Code 61201	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Adrian Madunic</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 117.03 <b>Transaction ID : 0015339</b>
City East Moline State IL Zip Code 61244	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	213.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address P.O. Box 6438		Amount of Each Disbursement this Period 35.91
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	<b>Transaction ID : 0015335</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mediacom</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address P.O. Box 5744		Amount of Each Disbursement this Period 84.62
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	<b>Transaction ID : 0015340</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 952.74
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : 0015392</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1073.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 203.11
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015392-0001 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 213.90
City Amf Ohare State IL Zip Code 60666	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015392-0002 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 39.00
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Bank Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0015392-0003 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Credit Card</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 32.00
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Interest Charge	Transaction ID : 0015392-0004
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil Company</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 910 Louisiana St. One Shell Plaza		Amount of Each Disbursement this Period 78.00
City Houston	State TX	
Zip Code 77252	Purpose of Disbursement Travel Expense	Transaction ID : 0015392-0005
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. GoDaddy</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 14455 N. Hayden Rd		Amount of Each Disbursement this Period 72.30
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website Design	Transaction ID : 0015392-0006
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Company</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 910 Louisiana St. One Shell Plaza		Amount of Each Disbursement this Period 98.86
City Houston State TX Zip Code 77252	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0015392-0007
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 124.63
City Carbon Cliff State IL Zip Code 61239	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0015392-0008
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 90.94
City Waltham State MA Zip Code 02451	Purpose of Disbursement Fundraising Consulting 003 Category/Type	
Candidate Name		Transaction ID : 0015392-0009
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : 0015390</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Machine Consultants</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 3624 Blackhawk Road		Amount of Each Disbursement this Period 1100.19 <b>Transaction ID : 0015389</b>
City Rock Island State IL Zip Code 61201	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jim Bowman</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 1002 17th Ave		Amount of Each Disbursement this Period 89.27 <b>Transaction ID : 0015394</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2689.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address P.O. Box 6438		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : 0015391</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jim Bowman</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 1002 17th Ave		Amount of Each Disbursement this Period 1401.55 <b>Transaction ID : 0015393</b>
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Travel Expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Mitchell Heckenkamp</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 87.43 <b>Transaction ID : 0015387</b>
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1518.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paypal Co.</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2014	
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 200.04	
City San Jose	State CA	Zip Code 95131	Transaction ID : 0015388	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.04
<b>TOTAL</b> This Period (last page this line number only).....	35384.47

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Bobby Schilling for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Consolidated Capital and Consulting</b>	Nature of Debt (Purpose): Professional/Consulting Services
Mailing Address P.O. Box 234	
City State Zip Code Columbia MO 65205	

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID : 6110-</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	10000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	10000.00

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>Bobby Schilling for Congress</b>	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">01 / 01 / 2014</span>
	To: <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">02 / 26 / 2014</span>

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	<b>Bobby Schilling for Congress</b>	34808.68	0.00
B	<b>Freshman Hold'em JFC</b> Column Total Last Page Only.....	0.00	0.00

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0.00	0.00	34808.68	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	0.00	0.00	34808.68	35994.46	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0.00	0.00	35994.46	271037.61	269851.83	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	10000.00	34808.68	35994.46			
B	0.00	0.00	0.00			

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>Bobby Schilling for Congress</b>		Report Covering Period: From: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>01</td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>01</td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table> To: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>02</td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>26</td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>				M	M	01		D	D	01		Y	Y	Y	Y	Y	Y	2014						M	M	02		D	D	26		Y	Y	Y	Y	Y	Y	2014					
M	M																																												
01																																													
D	D																																												
01																																													
Y	Y	Y	Y	Y	Y																																								
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M	M																																												
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26																																													
Y	Y	Y	Y	Y	Y																																								
2014																																													
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees																																							
A	<b>Bobby Schilling for Congress</b>																																												
B	Column Total Last Page Only.....					34808.68	0.00																																						
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																																							
A																																													
B	0.00	0.00	34808.68	0.00	0.00	0.00																																							
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees																																							
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