

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))....	236445.26	658608.72
(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)).....	236445.26	656108.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72942.73	259282.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	271.22	8199.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72671.51	251083.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	500081.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	84740.41	332496.02
(ii) Unitemized.....	34004.85	95890.70
(iii) TOTAL of contributions from individuals ▶	118745.26	428386.72
(b) Political Party Committees.....	15950.00	26125.00
(c) Other Political Committees (such as PACs).....	101750.00	204097.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	236445.26	658608.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	4191.70	5544.75
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	271.22	8199.53
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	240908.18	672353.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72942.73	259282.97
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	72942.73	261782.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	332115.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	240908.18
25. SUBTOTAL (add Line 23 and Line 24).....	573024.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72942.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	500081.43

**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 107
	<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	

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)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Dave Thompson

Mailing Address 2849 Cambridge Ct

City Lanark State IL Zip Code 61046

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

Name of Employer Pearl Valley Eggs Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 0015901

Amount of Each Receipt this Period
 1600.00

GENERAL/UNCODED

B. Full Name (Last, First, Middle Initial)
Tom Mattan

Mailing Address 23090 Dorchester Dr

City Geneseo State IL Zip Code 61254

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
 04 / 15 / 2014

Transaction ID : 0015929

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Janelle Schmedt

Mailing Address 3877 N. 1300

City Orion State IL Zip Code 61273

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

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 0015935

Amount of Each Receipt this Period
 250.00

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

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

2100.00

**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 107
	<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)
Richard Kube

Mailing Address 212 W Ravenswood Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 0015937

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Ray Ethington

Mailing Address 2810 47th St Ct

City Rock Island State IL Zip Code 61201

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
 04 / 30 / 2014

Transaction ID : 0015949

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1292 200th St.

City Alledo State IL Zip Code 61231

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
 04 / 30 / 2014

Transaction ID : 0015951

Amount of Each Receipt this Period
 500.00

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

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

3600.00

**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 107
	<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

Full Name (Last, First, Middle Initial) Edna Lotz		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 2170 N. Coal Rd		Transaction ID : 0015960
City Colchester	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 1500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Hayne Ellis		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 14927 Brimfield-Jubilee Rd.		Transaction ID : 0015964
City Brimfield	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Jane C. Morse		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1575 W. Demeter Dr		Transaction ID : 0015965
City Freeport	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 107
	<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)
Christina Kirik

Mailing Address 3419 49th St

City Moline State IL Zip Code 61265

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
 04 / 30 / 2014

Transaction ID : 0015969

Amount of Each Receipt this Period
 500.00

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
 04 / 30 / 2014

Transaction ID : 0015970

Amount of Each Receipt this Period
 1075.00

C. Full Name (Last, First, Middle Initial)
Martin L. Davis

Mailing Address 401 Spresser St

City Taylorville State IL Zip Code 62568

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

Name of Employer McDonald's Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 0015986

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 107
	<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)
George Craft

Mailing Address 8382 N. Craft Rd.

City State Zip Code
Vermont IL 61484

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : 0015987

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Samuel Doak

Mailing Address 1505 19th Ave

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
350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : 0015995

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Christina Kirik

Mailing Address 3419 49th St

City State Zip Code
Moline IL 61265

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : 0016001

Amount of Each Receipt this Period
1000.00

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

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

1500.00

**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 107
	<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)
Yves Fontaine

Mailing Address 7 Eagle Pointe Pass

City Rapids City State IL Zip Code 61278

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

Name of Employer Fontaine Consulting Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 0016002

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Russell Koster

Mailing Address 1500 E. 38th St

City Sterling State IL Zip Code 61081

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
1051.93

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016018

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William K. Werner

Mailing Address P O Box 279
1309 1st Ave

City Rapids City State IL Zip Code 61278

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
 05 / 05 / 2014

Transaction ID : 0016020

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 107
	<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)
Roberta Hanson

Mailing Address 5431 30th Ave

City Moline State IL Zip Code 61265

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

Name of Employer Black Hawk College Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016021

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Betty Sulouff

Mailing Address 1910 24th St.

City Rock Island State IL Zip Code 61201

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
20.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016024

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Ronald Tady

Mailing Address 601 30th Ave

City East Moline State IL Zip Code 61244

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
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016036

Amount of Each Receipt this Period
250.00

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

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

520.00

**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 107
	<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)
Laxmi Tandon

Mailing Address 3508 Zermatt Ct

City Rockford State IL Zip Code 61114

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
 05 / 05 / 2014

Transaction ID : 0016052

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
Wendell Shauman

Mailing Address 313 U.S. Hwy 34

City Kirkwood State IL Zip Code 61447

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016062

Amount of Each Receipt this Period
 250.00

C. 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
 05 / 05 / 2014

Transaction ID : 0016064

Amount of Each Receipt this Period
 250.00

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

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

525.00

**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 13 OF 107
	<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 Herr

Mailing Address 788 25th Ave Ct

City Moline State IL Zip Code 61265

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016081

Amount of Each Receipt this Period
100.00

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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016127

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
George Craft

Mailing Address 8382 N. Craft Rd.

City Vermont State IL Zip Code 61484

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
1525.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : 0016190

Amount of Each Receipt this Period
25.00
GENERAL/UNCODED

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 14 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Jane Parker

Mailing Address 2808 9 1/2 St

City East Moline State IL Zip Code 61244

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
 05 / 18 / 2014

Transaction ID : 0016198

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Sally Howard

Mailing Address 32 White Pine Rd

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
 05 / 18 / 2014

Transaction ID : 0016204

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Martin Katz

Mailing Address 3232 26th St

City Moline State IL Zip Code 61265

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : 0016206

Amount of Each Receipt this Period
 600.00

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 15 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Jay Bergman

Mailing Address 108 E Ogden

City Hinsdale State IL Zip Code 60521

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

Name of Employer Self Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : 0016215

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Donald W. Lyddon Jr

Mailing Address 4114 Landstrom Rd

City Rockford State IL Zip Code 61114

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

Name of Employer Retired Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : 0016263

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Stephen Zimmer

Mailing Address 225 Burgess Rd

City Geneva State IL Zip Code 60134

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

Name of Employer J P Morgan Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : 0016280

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 107
	<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

Full Name (Last, First, Middle Initial) David Lukasik		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 7307 35th Ave		Transaction ID : 0016283
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) David Andreas		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 101 E. 8th St.		Transaction ID : 0016290
City Vermont	State IL	Zip Code 61484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Richard Porter		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 875 Bryant Ave		Transaction ID : 0016295
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Kirkland and Ellis LLC	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Wayne Stoppelmoor

Mailing Address 1305 33rd Ave Circle

City State Zip Code
Silvis IL 61282

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : 0016301

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John A. Canning

Mailing Address 1650 Dublin Court

City State Zip Code
Palatine IL 60067

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

Name of Employer Occupation
Madison Dearborn Partners Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : 0016325

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mark Allen

Mailing Address 1969 Shore Oak Dr

City State Zip Code
Decatur IL 62521

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

Name of Employer Occupation
Speed Lube Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : 0016330

Amount of Each Receipt this Period
250.00

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 18 OF 107
	<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

Full Name (Last, First, Middle Initial) A. Jarrod Miller		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 3303 John Deere Rd		Transaction ID : 0016331	
City Silvis	State IL	Zip Code 61282	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Miller Trucker and Excavating	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. Paula Roberts		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 3600 1st St		Transaction ID : 0016335	
City East Moline	State IL	Zip Code 61244	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Mr. Pierre Loomis		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 1609 East Broadway		Transaction ID : 0016342	
City Monmouth	State IL	Zip Code 61462	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 950.00		

SUBTOTAL of Receipts This Page (optional).....	5350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 19 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Raymond Heyde

Mailing Address 17500 Kind Rd

City Danvers State IL Zip Code 61732

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : 0016345

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Carol Moehle

Mailing Address 818 Washington St

City Pekin State IL Zip Code 61554

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
 06 / 01 / 2014

Transaction ID : 0016361

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Gary Snyder

Mailing Address 3717 31st Ave

City Rock Island State IL Zip Code 61201

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
 06 / 08 / 2014

Transaction ID : 0016369

Amount of Each Receipt this Period
 200.00

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

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

1200.00

**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 20 OF 107
	<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 Bloom

Mailing Address 3420 52nd St

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 **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016370

Amount of Each Receipt this Period
200.00

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

Mailing Address 11602 47th Street

City Milan State IL Zip Code 61264

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

Name of Employer Ruhl and Ruhl Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016371

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Clyde Schoeck

Mailing Address 8004 47th St.

City Milan State IL Zip Code 61264

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 **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016372

Amount of Each Receipt this Period
200.00

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

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

900.00

**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 21 OF 107
	<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

Full Name (Last, First, Middle Initial) A. Rebecca Frye		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 112 Fawn Ct		Transaction ID : 0016377	
City Washington	State IL	Zip Code 61571	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Agri-Business Solutions	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. George Craft		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address 8382 N. Craft Rd.		Transaction ID : 0016378	
City Vermont	State IL	Zip Code 61484	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2025.00		

Full Name (Last, First, Middle Initial) C. Brian Anseeuw		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014	
Mailing Address PO Box 305 1116 330th St		Transaction ID : 0016381	
City New Windsor	State IL	Zip Code 61465	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00		

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 22 OF 107
	<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)
Yolanda Daniels

Mailing Address 1116 52nd St Ct

City Moline State IL Zip Code 61265

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
 06 / 08 / 2014

Transaction ID : 0016384

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Gregory Folley

Mailing Address 6526 N Saint Marys Rd

City Peoria State IL Zip Code 61614

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

Name of Employer Caterpillar, Inc Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016390

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Karen Myhre

Mailing Address 7 Edgewood Dr

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

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016392

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 23 OF 107
	<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)
Chet Boruff

Mailing Address 3445 14th Street

City Moline State IL Zip Code 61265

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

Name of Employer Assn of Official Seed Cert Agencies Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016393

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Bud Phillis

Mailing Address 2417 127th Ave

City Milan State IL Zip Code 61264

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
 06 / 08 / 2014

Transaction ID : 0016395

Amount of Each Receipt this Period
500.00

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

Mailing Address 810 Oriole Court

City Geneseo State IL Zip Code 61254

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

Name of Employer McClimon Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016409

Amount of Each Receipt this Period
1600.00

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

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

3600.00

**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 24 OF 107
	<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)
Brenda Brandt

Mailing Address 9321 35th St. W.

City State Zip Code
Rock Island IL 61201

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

Name of Employer Occupation
Brandt Construction Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : 0016410

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Kurt Gehn

Mailing Address 22515 Dorchester Dr

City State Zip Code
Geneseo IL 61254

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

Name of Employer Occupation
Gehn's Landscaping Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : 0016412

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Bruce Boardman

Mailing Address 13 Westwood Dr

City State Zip Code
Geneseo IL 61254

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
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : 0016413

Amount of Each Receipt this Period
500.00

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

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

4000.00

**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 25 OF 107
	<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)
Ray Ethington

Mailing Address 2810 47th St Ct

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
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016414

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mary Ann Stoffel

Mailing Address 5324 36th Ave Ct

City State Zip Code
Moline IL 61265

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

Name of Employer Occupation
physician/Office manager Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016415

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Pierre Loomis

Mailing Address 1609 East Broadway

City State Zip Code
Monmouth IL 61462

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
1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016416

Amount of Each Receipt this Period
250.00

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

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

1250.00

**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 26 OF 107
	<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)
Wendell Shauman

Mailing Address 313 U.S. Hwy 34

City Kirkwood State IL Zip Code 61447

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
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016417

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeff Tunberg

Mailing Address 2525 41st Street

City Moline State IL Zip Code 61265

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

Name of Employer Whitey's Ice Cream Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016418

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Glen Gustafson

Mailing Address 903 S. Spring St

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016430

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 27 OF 107
	<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)
Morton McWhorter Jr.

Mailing Address 656 State Hwy 94

City Aledo State IL Zip Code 61231

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

Name of Employer Illinois Department of Transportation Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016436

Amount of Each Receipt this Period
150.00

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

Mailing Address 16962 E 1900th St

City Atkinson State IL Zip Code 61235

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016457

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig Tillman

Mailing Address 42 Wildwood Dr

City Rock Island State IL Zip Code 61201

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

Name of Employer QC Radiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016490

Amount of Each Receipt this Period
500.00

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

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

750.00

**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 28 OF 107	
	<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)
Charles L. Farmer

Mailing Address P.O. Box 426

City: Annawan State: IL Zip Code: 61234

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

Name of Employer: American Eagle Buildings, Inc Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : 0016480

Amount of Each Receipt this Period: 1000.00

GENERAL/UNCODED

B. 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: 1500.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : 0016507

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Harold Knapheide

Mailing Address P.O. Box 7140

City: Quincy State: IL Zip Code: 62305

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

Name of Employer: Knapheide Manufacturing Co. Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3100.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : 0016508

Amount of Each Receipt this Period: 500.00

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

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

2000.00

**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 29 OF 107
	<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)
Edna Lotz

Mailing Address 2170 N. Coal Rd

City Colchester State IL Zip Code 62326

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016509

Amount of Each Receipt this Period
500.00

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

Mailing Address 2006 11th St

City East Moline State IL Zip Code 61244

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016510

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Ronald Tady

Mailing Address 601 30th Ave

City East Moline State IL Zip Code 61244

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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016512

Amount of Each Receipt this Period
250.00

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

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

1150.00

**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 30 OF 107
	<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)
Christine Wehrman

Mailing Address 3419 78th St Ct

City Moline State IL Zip Code 61265

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

Name of Employer American Rental Association Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016513

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Nancy Erickson

Mailing Address 2859 Knox Highway 3

City Altona State IL Zip Code 61414

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

Name of Employer Illinois Farm Bureau Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016514

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Dale H. Killen

Mailing Address 21721 Rt. 2&92

City Port Byron State IL Zip Code 61275

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
 06 / 17 / 2014

Transaction ID : 0016517

Amount of Each Receipt this Period
300.00

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

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

3900.00

**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 31 OF 107
	<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)
Lori Turner

Mailing Address 1400 30th St

City Moline State IL Zip Code 61265

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
 06 / 17 / 2014

Transaction ID : 0016518

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Joseph Kersting

Mailing Address 118 Dove Ave

City Macomb State IL Zip Code 61455

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016519

Amount of Each Receipt this Period
 35.00

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

Mailing Address 19485 N 1700th Rd

City Bushnell State IL Zip Code 61422

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

Name of Employer Self Occupation Producer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016527

Amount of Each Receipt this Period
 250.00

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

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

785.00

**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 32 OF 107
	<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)
Tom Humphris

Mailing Address 2103 Silverthorn Dr

City State Zip Code
Rockford IL 61107

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

Name of Employer Occupation
HK & Assoc, Inc. Salesperson

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016532

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Leslie Tindall

Mailing Address 1322 Les Tindal Rd

City State Zip Code
Pinewood SC 29125

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016533

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stuart Thoms

Mailing Address 40 Velie Dr.

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016538

Amount of Each Receipt this Period
1000.00

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 33 OF 107
	<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
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016545

Amount of Each Receipt this Period
100.00

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
1125.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : 0016586

Amount of Each Receipt this Period
25.00

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

Mailing Address 58 Hawthorne Dr

City Rock Island State IL Zip Code 61201

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : 0016593

Amount of Each Receipt this Period
250.00

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 34 OF 107
	<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

Full Name (Last, First, Middle Initial) Michael Stone		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 142 W Detweiller Dr		Transaction ID : 0016602
City Peoria	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RLI	Occupation Insurance Agent	Reattribution below
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) Michael Stone		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 142 W Detweiller Dr		Transaction ID : 0016602-REATT
City Peoria	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1000.00
Name of Employer RLI	Occupation Insurance Agent	GENERAL/UNCODED
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	[MEMO ITEM] Reattributed below

Full Name (Last, First, Middle Initial) Elizabeth Stone		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 142 W Detweiller Dr		Transaction ID : 0016602-0001
City Peoria	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WES Lending	Occupation Mortgage Lender	[MEMO ITEM] Reattributed
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 107
	<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)
Mr. Michael Heckenkamp

Mailing Address 3726 77th St Ct

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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : 0016654

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mark Bieri

Mailing Address 325 Oakview Dr

City Aledo State IL Zip Code 61231

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

Name of Employer General Grind & Machine 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
 06 / 22 / 2014

Transaction ID : 0016655

Amount of Each Receipt this Period
2600.00
 GENERAL/UNCODED

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

Mailing Address 1985 Cornelia Rd

City Galesburg State IL Zip Code 61401

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

Name of Employer Hinckliff-Pearson-West Occupation Funeral Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : 0016656

Amount of Each Receipt this Period
250.00

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

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

3350.00

**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 36 OF 107
	<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)
Adam G Vitale

Mailing Address 6 Ottawa Trl

City Galesburg State IL Zip Code 61401

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

Name of Employer G&M Distributors Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1660.41

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : 0016753

Amount of Each Receipt this Period
1660.41

IN-KIND: Food For Fundraiser

B. Full Name (Last, First, Middle Initial)
Karl Rauschert

Mailing Address 24 Hillcrest Dr.

City Bushnell State IL Zip Code 61422

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016662

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Larry Gerdes

Mailing Address 3197 Chatham

City Atlanta State GA Zip Code 30305

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

Name of Employer Transcend Services Occupation Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016674

Amount of Each Receipt this Period
2000.00

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

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

4660.41

**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 37 OF 107
	<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

Full Name (Last, First, Middle Initial) James K. Adams		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
Mailing Address 1200 W Moss Ave		Transaction ID : 0016675
City Peoria	State IL	
Zip Code 61606	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer OSF Medical Group	Occupation Physician	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) John Pritchard		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
Mailing Address 345 Park Lane Dr		Transaction ID : 0016676
City Galesburg	State IL	
Zip Code 61401	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Pritchard Broadcasting	Occupation Executive	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Michael Gernant		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
Mailing Address 1840 Knox Road 100 E		Transaction ID : 0016677
City Galesburg	State IL	
Zip Code 61401	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Randy Conlon

Mailing Address 1652 Woodbine Circle South

City Galesburg State IL Zip Code 61401

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

Name of Employer Office Specialists Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016678

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Keith Douglass

Mailing Address 511 Goodsill Dr

City East Galesburg State IL Zip Code 61430

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

Name of Employer Tompkins State Bank Occupation Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016679

Amount of Each Receipt this Period
 250.00

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

Mailing Address RR 1 Box 68

City Little York State IL Zip Code 61453

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016680

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 39 OF 107
	<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 Bulkeley

Mailing Address 559 N. Chambers St.

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016690

Amount of Each Receipt this Period
250.00

B. 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
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016703

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael Benet

Mailing Address 1013 N Orange

City Peoria State IL Zip Code 61606

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

Name of Employer Kauth Mayeur Auto Svc Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016710

Amount of Each Receipt this Period
500.00

GENERAL/UNCODED

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

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

1250.00

**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 40 OF 107
	<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)
Jeff Green

Mailing Address 301 W. Timber Ridge Dr

City Peoria State IL Zip Code 61615

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : 0016711

Amount of Each Receipt this Period
 1000.00

GENERAL/UNCODED

B. Full Name (Last, First, Middle Initial)
Rebecca Frye

Mailing Address 112 Fawn Ct

City Washington State IL Zip Code 61571

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

Name of Employer Agri-Business Solutions Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016714

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3420 52nd St

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
475.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016717

Amount of Each Receipt this Period
 100.00

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

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

2100.00

**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 41 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Elois Gray

Mailing Address 18014 91st St. W

City Reynolds State IL Zip Code 61279

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
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016718

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Russell Cartwright

Mailing Address 4630 32nd Rd N

City Arlington State VA Zip Code 22207

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016720

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John W. Phillips

Mailing Address 119 S. Park Ave

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
 06 / 29 / 2014

Transaction ID : 0016723

Amount of Each Receipt this Period
300.00

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

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

1050.00

**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 42 OF 107
	<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)
Sid Paul Ruckriegel

Mailing Address 1230 W Moss Ave

City Peoria State IL Zip Code 61606

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

Name of Employer SIDAL, Inc Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016730

Amount of Each Receipt this Period
 250.00

GENERAL/UNCODED

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
925.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016736

Amount of Each Receipt this Period
 25.00

GENERAL/UNCODED

C. 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
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : 0016742

Amount of Each Receipt this Period
 2600.00

GENERAL/UNCODED

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

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

2875.00

**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 43 OF 107
	<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 Reisenbigler

Mailing Address 1004 7th St. Box 146

City Erie State IL Zip Code 61250

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

Name of Employer Occupation
Erie Foods Int. Inc 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
 06 / 29 / 2014

Transaction ID : 0016751

Amount of Each Receipt this Period
2600.00

GENERAL/UNCODED

B. Full Name (Last, First, Middle Initial)
Jan Hartsock

Mailing Address 16665 E 1600 St

City Geneseo State IL Zip Code 61254

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

Name of Employer Occupation
Self Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016756

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Lawrence Colo

Mailing Address 17518 N 1550th Ave

City Geneseo State IL Zip Code 61254

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016758

Amount of Each Receipt this Period
2600.00

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

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

5400.00

**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 44 OF 107
	<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

Full Name (Last, First, Middle Initial) William Christakes		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 19800 Woodside Dr		Transaction ID : 0016773	
City New Lenox	State IL	Zip Code 60451	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) William M. Yarbrough		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 9312 N. Picture Ridge Rd		Transaction ID : 0016776	
City Peoria	State IL	Zip Code 61615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00	
Name of Employer Self	Occupation Inventor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		Reattribution below	

Full Name (Last, First, Middle Initial) William M. Yarbrough		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 9312 N. Picture Ridge Rd		Transaction ID : 0016776-REATT	
City Peoria	State IL	Zip Code 61615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer Self	Occupation Inventor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		[MEMO ITEM] Reattributed below	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 45 OF 107
	<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)
Dianne J. Yarbough

Mailing Address 9312 N. Picture Ridge Rd

City Peoria State IL Zip Code 61615

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016776-0001

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
Reattributed

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

Mailing Address 408 A Street, S.E.

City Washington State DC Zip Code 20003

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

Name of Employer The Livingston Group, LLC Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016819

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Carnie Wilkerson

Mailing Address 163 Oakwood Pl

City Geneseo State IL Zip Code 61254

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016825

Amount of Each Receipt this Period
200.00

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 46 OF 107
	<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)
Allen Holdsworth

Mailing Address 2537 Ridge Road

City Aledo State IL Zip Code 61231

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016830

Amount of Each Receipt this Period
 250.00

GENERAL/UNCODED

B. 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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016845

Amount of Each Receipt this Period
 600.00

GENERAL/UNCODED

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 / D D / 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).....

850.00

84740.41

**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 47 OF 107
<input type="checkbox"/> 11a 12	<input checked="" 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)
Whiteside County Republican Central Committee

Mailing Address 802 E 16th

City Sterling State IL Zip Code 61081

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 0015988

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Kinzing For Congress

Mailing Address P.O. Box 487

City New Lenox State IL Zip Code 60451

FEC ID number of contributing federal political committee. **C C00458877**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016068

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Citizens For Pat Sullivan

Mailing Address P.O. Box 385

City Peoria State IL Zip Code 61651

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016382

Amount of Each Receipt this Period
 1000.00

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

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

3200.00

**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 48 OF 107
	<input type="checkbox"/> 11a 12 <input checked="" 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. Citizens For Moffitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Knox Highway 17
 City Gilson State IL Zip Code 61436
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014
Transaction ID : 0016692
 Amount of Each Receipt this Period
 250.00

B. Hudson For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5053
 City Concord State NC Zip Code 28027
 FEC ID number of contributing federal political committee. C C00504522
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014
Transaction ID : 0016729
 Amount of Each Receipt this Period
 1000.00

C. Mercer County Republican Central Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 170th Ave
 City Alledo State IL Zip Code 61231
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016762
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

2250.00

**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 49 OF 107
<input type="checkbox"/> 11a 12	<input checked="" 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)
Andy Harris For Congress

Mailing Address 13401 Redcoat Ln

City State Zip Code
Phoenix MD 21131

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016764

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Rock Island County Republican Central Committee

Mailing Address 1721 5th Ave

City State Zip Code
Moline IL 61265

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016765

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Paul Gasor For Congress

Mailing Address P.O. Box 2991

City State Zip Code
Florence AZ 85132

FEC ID number of contributing federal political committee. **C** C00461806

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016790

Amount of Each Receipt this Period
2000.00

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

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

4000.00

**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 50 OF 107
	<input type="checkbox"/> 11a 12 <input checked="" 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. Byrne For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2743
 City State Zip Code
 Mobile AL 36652
 FEC ID number of contributing federal political committee. **C C00545673**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016796
 Amount of Each Receipt this Period
 500.00

B. Bill Flores For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 6207
 City State Zip Code
 Bryan TX 77805
 FEC ID number of contributing federal political committee. **C C00472241**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016797
 Amount of Each Receipt this Period
 2000.00

C. Conaway for Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 51272
 City State Zip Code
 Midland TX 79710
 FEC ID number of contributing federal political committee. **C C00383828**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016814
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4500.00

**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 51 OF 107
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Duncan D. Hunter for Congress

Mailing Address 9340 Fuerte Dr Ste 302

City La Mesa State CA Zip Code 91941

FEC ID number of contributing federal political committee. **C** C00126961

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016816

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Sam Johnson

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016817

Amount of Each Receipt this Period
 1000.00

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 / 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).....

2000.00

15950.00

**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 52 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Midnight Sun PAC

Mailing Address 203 Maryland Ave

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00345199**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 0015907

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
I.P.H.F.H.A. Inc PAC

Mailing Address 7829 East Rockhill, Suite 201

City Wichita State KS Zip Code 67206

FEC ID number of contributing federal political committee. **C C00251447**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 0015938

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
New Pioneers PAC

Mailing Address 228 S. Washington St. Suite 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 0015961

Amount of Each Receipt this Period
3000.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 53 OF 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial)
Bluegrass Committee

Mailing Address 220 1/2 E Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016016

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
House Conservatives Fund

Mailing Address 228 S. Washington St., Ste 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 0016017

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Lincoln PAC

Mailing Address 3701 Connecticut Ave #404

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00491241

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : 0016288

Amount of Each Receipt this Period
 5000.00

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

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

12500.00

**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 54 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Illinois Beef Association PEC

Mailing Address 2060 W Iles Ste B

City Springfield State IL Zip Code 62704

FEC ID number of contributing federal political committee. **C** C00276618

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2014

Transaction ID : 0016379

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC

Mailing Address 4250 North Fairfax Dr 9th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : 0016411

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
American Legacy PAC

Mailing Address 2000 Edmund Halley Dr, Suite 250

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00488304

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : 0016515

Amount of Each Receipt this Period
 1000.00

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

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

3750.00

**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 55 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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. National Restaurant Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Seventeenth St NW
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C C00003764**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014
Transaction ID : 0016516
 Amount of Each Receipt this Period
 2500.00

B. Austin Scott For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2530
 City Tifton State GA Zip Code 31793
 FEC ID number of contributing federal political committee. **C C00482737**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014
Transaction ID : 0016564
 Amount of Each Receipt this Period
 2000.00

C. GOP Generation Y Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 9055
 City Peoria State IL Zip Code 61612
 FEC ID number of contributing federal political committee. **C C00448191**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016766
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

9500.00

**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 56 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
Schock For Congress

Mailing Address P.O. Box 10555

City Peoria State IL Zip Code 61612

FEC ID number of contributing federal political committee. **C** C00437756

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016767

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016782

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
AX PAC

Mailing Address P.O. Box 538

City Wausau State WI Zip Code 54402

FEC ID number of contributing federal political committee. **C** C00506535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016783

Amount of Each Receipt this Period
 1000.00

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

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

8000.00

**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 57 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
BrettPAC

Mailing Address 504 Derek Ave

City Elizabethtown State KY Zip Code 42701

FEC ID number of contributing federal political committee. **C** C00503243

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016784

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Brady for Congress

Mailing Address P.O. Box 8277

City Spring State TX Zip Code 77387

FEC ID number of contributing federal political committee. **C** C00311043

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016785

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Wholesaler-Distributor PAC

Mailing Address 1325 G Street NW, Suite 1000

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00109306

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016786

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

**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 58 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
John S Fund

Mailing Address P.O. Box 853

City: Edwardsville State: IL Zip Code: 62025

FEC ID number of contributing federal political committee: **C C00390831**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 10000.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : 0016787

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address P.O. Box 661

City: Collinsville State: IL Zip Code: 62234

FEC ID number of contributing federal political committee: **C C00258855**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : 0016788

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Freedom and Security PAC

Mailing Address P.O. Box 651374

City: Potomac Falls State: VA Zip Code: 20165

FEC ID number of contributing federal political committee: **C C00437061**

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : 0016789

Amount of Each Receipt this Period: 1000.00

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

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

8000.00

**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 59 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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. CMR PAC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2485
City Springfield State VA Zip Code 22152
FEC ID number of contributing federal political committee. **C** C00469429
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014
Transaction ID : 0016791
Amount of Each Receipt this Period
2000.00

B. Kristi PAC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 312
City Sioux Falls State SD Zip Code 57101
FEC ID number of contributing federal political committee. **C** C00493809
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014
Transaction ID : 0016792
Amount of Each Receipt this Period
1000.00

C. Steve PAC
Full Name (Last, First, Middle Initial)
Mailing Address 228 S. Washington St. Ste 115
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00501478
Name of Employer Occupation
Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014
Transaction ID : 0016793
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

4000.00

**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 60 OF 107
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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. Patriots Leading a Majority

Full Name (Last, First, Middle Initial)
Patriots Leading a Majority

Mailing Address 50 S. Providence Rd

City State Zip Code
Media PA 19063

FEC ID number of contributing federal political committee. **C** C00526046

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016794

Amount of Each Receipt this Period
1000.00

B. Eye of The Tiger PAC

Full Name (Last, First, Middle Initial)
Eye of The Tiger PAC

Mailing Address P.O. Box 2485

City State Zip Code
Springfield VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016795

Amount of Each Receipt this Period
1000.00

C. Majority Committee PAC

Full Name (Last, First, Middle Initial)
Majority Committee PAC

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016798

Amount of Each Receipt this Period
5000.00

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

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

7000.00

**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 61 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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. Pioneer PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 8th Street, NW Suite 500
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C C00325357**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016799
 Amount of Each Receipt this Period
 3000.00

B. Friends of John Boehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908 Cincinnati Dayton Road Suite I-2
 City West Chester State OH Zip Code 45069
 FEC ID number of contributing federal political committee. **C C00237198**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016800
 Amount of Each Receipt this Period
 2000.00

C. The Freedom Project
 Full Name (Last, First, Middle Initial)
 Mailing Address 631-B Pennsylvania Avenue, SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C C00305805**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016801
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

10000.00

**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 62 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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. Midnight Sun PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Maryland Ave
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C** C00345199
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016802
 Amount of Each Receipt this Period
 1000.00

B. Liberty Project
 Full Name (Last, First, Middle Initial)
 Mailing Address 7315 Wisconsin Ave
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C** C00446625
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016803
 Amount of Each Receipt this Period
 1000.00

C. Westmoreland For Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 458
 City Sharpsburg State GA Zip Code 30277
 FEC ID number of contributing federal political committee. **C** C00387126
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014
Transaction ID : 0016804
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

3000.00

**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 63 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
LynnPac

Mailing Address P.O. Box 1872

City State Zip Code
Topeka KS 66601

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016805

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Voice For Freedom PAC

Mailing Address 2700 Cumberland Pkwy #150

City State Zip Code
Atlanta GA 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016806

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Ann PAC

Mailing Address P.O. Box 3535

City State Zip Code
Ballwin MO 63022

FEC ID number of contributing federal political committee. **C** C00531764

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016807

Amount of Each Receipt this Period
1000.00

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

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

4000.00

**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 64 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Bobby Schilling for Congress

Full Name (Last, First, Middle Initial) Cole PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 12176 Chancery Station Circle		Transaction ID : 0016808
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C C00404392	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) SBA List Candidate Fund		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1707 L Street NW, Ste 550		Transaction ID : 0016809
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00332296	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) ISSA PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 30151 Tomas St		Transaction ID : 0016810
City Rancho Sta Margari	State CA	Zip Code 92688
FEC ID number of contributing federal political committee. C C00450320	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

**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 65 OF 107
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
American Financial Services Association PAC

Mailing Address 919 Eighteenth St N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016811

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Pete PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016812

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC

Mailing Address 1200 Seventeenth St NW

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : 0016813

Amount of Each Receipt this Period
2500.00

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

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

7000.00

**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 66 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
KochPAC

Mailing Address 600 14th St NW, Ste 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016815

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
IPAA Wildcatters Fund

Mailing Address 1201 15th St, NW Suite 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016818

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Jeff PAC

Mailing Address 2150 River Plaza Dr #150

City Sacramento State CA Zip Code 95833

FEC ID number of contributing federal political committee. **C C00489112**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016820

Amount of Each Receipt this Period
1000.00

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

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

5500.00

**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 67 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
ICE PAC

Mailing Address 9158 E Staring Lane

City Eden Prairie State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C** C00484667

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016821

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016822

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
TRU PAC

Mailing Address 815-A Brazos St

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00481531

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016823

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

101750.00

**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 68 OF 107
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)
Young Guns Day II 2014

Mailing Address 228 S. Washington St, Suite 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4191.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016824

Amount of Each Receipt this Period
4191.70

ITEMIZATION BELOW

B. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00075820**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : 0016824-0001

Amount of Each Receipt this Period
5000.00

**[MEMO ITEM]
MEMO**

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 / 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).....

4191.70

4191.70

**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 69 OF 107
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bobby Schilling for Congress

Full Name (Last, First, Middle Initial) A. Anderson for Illinois		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2531 23rd Ave		Transaction ID : 0015919
City State Zip Code Rock Island IL 61201	Amount of Each Receipt this Period 126.60 Payment For Shared Internet Service	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 126.60	

Full Name (Last, First, Middle Initial) B. Anderson for Illinois		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2531 23rd Ave		Transaction ID : 0016138
City State Zip Code Rock Island IL 61201	Amount of Each Receipt this Period 72.31 Payment For Shared Internet Services	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 198.91	

Full Name (Last, First, Middle Initial) C. Anderson for Illinois		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 2531 23rd Ave		Transaction ID : 0016383
City State Zip Code Rock Island IL 61201	Amount of Each Receipt this Period 72.31	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 271.22	

SUBTOTAL of Receipts This Page (optional).....	271.22
TOTAL This Period (last page this line number only).....	271.22

**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 70 OF 107			
	<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. Mr. Mitchell Heckenkamp		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 196.00 Transaction ID : 0015891
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 188.10 Transaction ID : 0015890
City Dekalb State IL Zip Code 60115	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. i360, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address P.O. Box 37046		Amount of Each Disbursement this Period 350.00 Transaction ID : 0015896
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Computer Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	734.10
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 71 OF 107	
	<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. The Carlyle Gregory Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 140 Little Falls St. #104		Amount of Each Disbursement this Period 2000.00 Transaction ID : 0015893
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Credit Card		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2151.89 Transaction ID : 0015894
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

Full Name (Last, First, Middle Initial) c. Shell Oil Company		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 910 Louisiana St. One Shell Plaza		Amount of Each Disbursement this Period 257.00 Transaction ID : 0015894-0001
City Houston	State TX Zip Code 77252	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4151.89
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 72 OF 107	
	<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. Sprint		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 202.58
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 : 0015894-0002 [MEMO ITEM] MEMO
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Sprint		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 171.47
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 : 0015894-0003 [MEMO ITEM] MEMO
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 300 1st St. E		Amount of Each Disbursement this Period 256.56
City Washington State DC Zip Code 20003	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 : 0015894-0004 [MEMO ITEM] MEMO
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 73 OF 107	
	<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. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 648.00
City Amf Ohare	State IL	
Zip Code 60666	Purpose of Disbursement Travel Expense	Transaction ID : 0015894-0005
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. BP Gas, Llc		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 3718 39th Ave Dr		Amount of Each Disbursement this Period 168.90
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Travel Expense	Transaction ID : 0015894-0006
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 400 1st St SE		Amount of Each Disbursement this Period 16.25
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food for Fundraiser	Transaction ID : 0015894-0009
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 74 OF 107			
	<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. Paypal Co.		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 60.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Office Supplies	Transaction ID : 0015894-0010
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Catalyst Group		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising Consulting	Transaction ID : 0015897
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mediacom		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address P.O. Box 5744		Amount of Each Disbursement this Period 144.62
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	Transaction ID : 0015892
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1644.62
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 75 OF 107			
	<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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address P.O. Box 6438		Amount of Each Disbursement this Period 11.00 Transaction ID : 0015895
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paypal Co.		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 47.53 Transaction ID : 0015904
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 52.83 Transaction ID : 0015898
City Dekalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	111.36
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 76 OF 107	
	<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. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 147.00 Transaction ID : 0016140
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 68.00 Transaction ID : 0016141
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Mitchell Heckenkamp		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 171.50 Transaction ID : 0016142
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	386.50
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 77 OF 107			
	<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. Mr. William Hanford		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 890 Mulberry Drive		Amount of Each Disbursement this Period 160.00 Transaction ID : 0016143
City Geneseo	State IL	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Precision Signz and Banners		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 7139.30 Transaction ID : 0016161
City Bettendorf	State IA	
Purpose of Disbursement Campaign Signs and Banners		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Mitchell Heckenkamp		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 330.00 Transaction ID : 0016146
City Moline	State IL	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7629.30
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 78 OF 107			
	<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. Pioneer Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 206 N. Chestnut		Amount of Each Disbursement this Period 400.00 Transaction ID : 0016148
City Kewanee	State IL	
Zip Code 61443	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Mr. Adrian Madunic		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 118.07 Transaction ID : 0016144
City East Moline	State IL	
Zip Code 61244	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Mr. William Hanford		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 890 Mulberry Drive		Amount of Each Disbursement this Period 58.24 Transaction ID : 0016145
City Geneseo	State IL	
Zip Code 61254	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	576.31
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 79 OF 107	
	<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. Illinois Dept. of Employment Security		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 4931 W. Diversy Ave		Amount of Each Disbursement this Period 281.25 Transaction ID : 0016149
City Chicago	State IL Zip Code 60639	
Purpose of Disbursement Payroll Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 300.00 Transaction ID : 0016163
City Moline	State IL Zip Code 61265	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tebockhorst Accounting		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 917 26th Street		Amount of Each Disbursement this Period 75.00 Transaction ID : 0016152
City Moline	State IL Zip Code 61265	
Purpose of Disbursement Accounting Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	656.25
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 80 OF 107	
	<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. Illinois Department of Revenue			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014	
Mailing Address 101 West Jefferson St			Amount of Each Disbursement this Period 375.00	
City Springfield	State IL	Zip Code 62702	Transaction ID : 0016150	
Purpose of Disbursement Payroll Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Department of Treasury			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014	
Mailing Address 1500 Pennsylvania Ave, NW			Amount of Each Disbursement this Period 2078.43	
City Washington	State DC	Zip Code 20220	Transaction ID : 0016151	
Purpose of Disbursement Payroll Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Jon Schweppe			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014	
Mailing Address 24209 Hillcrest Drive			Amount of Each Disbursement this Period 1873.44	
City Sterling	State IL	Zip Code 61081	Transaction ID : 0016153	
Purpose of Disbursement Payroll Expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4326.87
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 81 OF 107			
	<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. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 936.72 Transaction ID : 0016154
City DeKalb	State IL	
Zip Code 60115	Purpose of Disbursement Payroll Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Megan Kirik		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1400 34th Ave B Ct		Amount of Each Disbursement this Period 789.44 Transaction ID : 0016155
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Payroll Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 196.00 Transaction ID : 0016156
City Moline	State IL	
Zip Code 61265	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1922.16
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 82 OF 107	
	<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. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 829.00 Transaction ID : 0016165
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Precision Signz and Banners		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 2006.25 Transaction ID : 0016164
City Bettendorf State IA Zip Code 52722	Purpose of Disbursement Schilling Shirts Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chase Credit Card		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1069.00 Transaction ID : 0016160
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3904.25
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 83 OF 107			
	<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. GSA Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1222 Spruce St		Amount of Each Disbursement this Period 1029.00
City St Louis	State MO	
Zip Code 63103	Purpose of Disbursement Office Supplies	Transaction ID : 0016160-0001
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Strategic Campaign Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 4600 N. Fairfax Dr.		Amount of Each Disbursement this Period 2250.00
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Dial Out Calls	Transaction ID : 0016159
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. William Hanford		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 890 Mulberry Drive		Amount of Each Disbursement this Period 63.49
City Geneseo	State IL	
Zip Code 61254	Purpose of Disbursement Office Supplies	Transaction ID : 0016157
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2313.49
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 84 OF 107			
	<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. Wilson Perkins Allen Research		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 324 2nd St SE		Amount of Each Disbursement this Period 12350.00 Transaction ID : 0016158
City Washington State DC Zip Code 20003	Purpose of Disbursement Polling 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mrs. Christie Schilling		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1 Goembel Ct		Amount of Each Disbursement this Period 1950.00 Transaction ID : 0016166
City Colona State IL Zip Code 61241	Purpose of Disbursement Office Rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Claudia Ridenour		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 1950 Bristol Dr		Amount of Each Disbursement this Period 789.44 Transaction ID : 0016167
City Bettendorf State IA Zip Code 52722	Purpose of Disbursement Payroll Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15089.44
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 85 OF 107			
	<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. Jon Schweppe		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 24209 Hillcrest Drive		Amount of Each Disbursement this Period 50.00
City Sterling	State IL	
Zip Code 61081	Purpose of Disbursement Postage Expense	Transaction ID : 0016169
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Adrian Madunic		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 100.00
City East Moline	State IL	
Zip Code 61244	Purpose of Disbursement Travel Expense	Transaction ID : 0016168
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paypal Co.		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 14.45
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : 0016180
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 164.45
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 86 OF 107			
	<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. Paypal Co.		Date of Disbursement MM / DD / YYYY 05 / 18 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 18.81 Transaction ID : 0016196
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Adrian Madunic		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 196.00 Transaction ID : 0016561
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. i360, LLC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address P.O. Box 37046		Amount of Each Disbursement this Period 350.00 Transaction ID : 0016322
City Baltimore State MD Zip Code 21297	Purpose of Disbursement Computer Software Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	564.81
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 87 OF 107	
	<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. Chase Credit Card		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1194.42
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	Transaction ID : 0016318
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil Company		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 910 Louisiana St. One Shell Plaza		Amount of Each Disbursement this Period 390.45
City Houston	State TX	
Zip Code 77252	Purpose of Disbursement Travel Expense	Transaction ID : 0016318-0001
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Sprint		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 203.22
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Phone Bill	Transaction ID : 0016318-0003
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1194.42
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 88 OF 107			
	<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. Sprint		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 171.57
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : 0016318-0004 [MEMO ITEM] MEMO
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 300 1st St. E		Amount of Each Disbursement this Period 75.28
City Washington State DC Zip Code 20003	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	Transaction ID : 0016318-0005 [MEMO ITEM] MEMO
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. BP Gas, Llc		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 3718 39th Ave Dr		Amount of Each Disbursement this Period 42.00
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	Transaction ID : 0016318-0006 [MEMO ITEM] MEMO
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 89 OF 107	
	<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. Casey's General Store		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 65.00
City Carbon Cliff	State IL	
Zip Code 61239	Purpose of Disbursement Travel Expense	Transaction ID : 0016318-0007
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 61.90
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Voter Data Management	Transaction ID : 0016318-0008
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Catalyst Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising Consulting	Transaction ID : 0016321
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 91 OF 107	
	<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. Mr. Adrian Madunic		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 38.04 Transaction ID : 0016396
City East Moline	State IL	
Zip Code 61244	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mediacom		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address P.O. Box 5744		Amount of Each Disbursement this Period 144.66 Transaction ID : 0016317
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Precision Signz and Banners		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 4529.44 Transaction ID : 0016320
City Bettendorf	State IA	
Zip Code 52722	Purpose of Disbursement Campaign Signs and Banners	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4712.14
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 92 OF 107			
	<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. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 195.33 Transaction ID : 0016316
City Dekalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 76.37 Transaction ID : 0016397
City Dekalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Travis Sterling		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 173.42 Transaction ID : 0016364
City Dekalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	445.12
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 93 OF 107			
	<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. United States Post Office			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 514 17th St			Amount of Each Disbursement this Period 600.00 Transaction ID : 0016559
City Moline	State IL	Zip Code 61265	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Sean Fetzgerrel			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 114 State St, LLC			Amount of Each Disbursement this Period 800.00 Transaction ID : 0016402
City Peoria	State IL	Zip Code 61602	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Megan Kirik			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1400 34th Ave B Ct			Amount of Each Disbursement this Period 789.00 Transaction ID : 0016398
City Moline	State IL	Zip Code 61265	
Purpose of Disbursement Payroll Expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	2189.00
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 94 OF 107			
	<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. Claudia Ridenour		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 1950 Bristol Dr		Amount of Each Disbursement this Period 875.79 Transaction ID : 0016399
City Bettendorf	State IA Zip Code 52722	
Purpose of Disbursement Payroll Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Travis Sterling		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 1873.44 Transaction ID : 0016400
City Dekalb	State IL Zip Code 60115	
Purpose of Disbursement Payroll Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jon Schweppe		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 24209 Hillcrest Drive		Amount of Each Disbursement this Period 1873.44 Transaction ID : 0016401
City Sterling	State IL Zip Code 61081	
Purpose of Disbursement Payroll Expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4622.67
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 95 OF 107			
	<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. The Carlyle Gregory Co.		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 140 Little Falls St. #104		Amount of Each Disbursement this Period 2000.00 Transaction ID : 0016403
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Machine Consultants		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3624 Blackhawk Road		Amount of Each Disbursement this Period 49.58 Transaction ID : 0016404
City Rock Island	State IL Zip Code 61201	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Midwest Graphics		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 920 15th Avenue		Amount of Each Disbursement this Period 3016.18 Transaction ID : 0016405
City East Moline	State IL Zip Code 61244	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5065.76
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 96 OF 107			
	<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. Mr. William Hanford		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address 890 Mulberry Drive		Amount of Each Disbursement this Period 32.02 Transaction ID : 0016407
City Geneseo	State IL	
Zip Code 61254	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mediacom		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address P.O. Box 5744		Amount of Each Disbursement this Period 144.66 Transaction ID : 0016406
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 1042.15 Transaction ID : 0016560
City Moline	State IL	
Zip Code 61265	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1218.83
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 97 OF 107	
	<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. Mr. William Hanford		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 890 Mulberry Drive		Amount of Each Disbursement this Period 48.58 Transaction ID : 0016563
City Geneseo	State IL	
Zip Code 61254	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paypal Co.		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 94.48 Transaction ID : 0016489
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Mitchell Heckenkamp		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 1020.00 Transaction ID : 0016553
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1163.06
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 98 OF 107			
	<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		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 1500.00 Transaction ID : 0016555
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 196.00 Transaction ID : 0016554
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. JP Riverfront Group		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 100 State St. Suite 2A		Amount of Each Disbursement this Period 250.00 Transaction ID : 0016557
City Peoria State IL Zip Code 61602	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1946.00
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 99 OF 107			
	<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. Travis Sterling		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period 950.00 Transaction ID : 0016558
City Dekalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Chase Credit Card		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 777.48 Transaction ID : 0016552
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) c. Shell Oil Company		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 910 Louisiana St. One Shell Plaza		Amount of Each Disbursement this Period 91.00 Transaction ID : 0016552-0001
City Houston	State TX	
Zip Code 77252	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	[MEMO ITEM] MEMO

SUBTOTAL of Disbursements This Page (optional).....	950.00
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 100 OF 107	
	<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. Sprint		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 202.68
City Moline	State IL Zip Code 61265	
Purpose of Disbursement Phone Bill	Category/Type 001	Transaction ID : 0016552-0002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Sprint		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 172.21
City Moline	State IL Zip Code 61265	
Purpose of Disbursement Phone Bill	Category/Type 001	Transaction ID : 0016552-0003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Casey's General Store		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 91.34
City Carbon Cliff	State IL Zip Code 61239	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : 0016552-0005
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 101 OF 107	
	<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. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 15.94
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Voter Data Management	Transaction ID : 0016552-0007
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Adrian Madunic		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 333.61
City East Moline	State IL	
Zip Code 61244	Purpose of Disbursement Fundraising Supplies	Transaction ID : 0016549
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Machine Consultants		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3624 Blackhawk Road		Amount of Each Disbursement this Period 143.24
City Rock Island	State IL	
Zip Code 61201	Purpose of Disbursement Office Supplies	Transaction ID : 0016551
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	476.85
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 102 OF 107	
	<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. Travis Sterling		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1493 Legacy Drive Unit #2		Amount of Each Disbursement this Period \$ 58.00 Transaction ID : 0016550
City DeKalb	State IL	
Zip Code 60115	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paypal Co.		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period \$ 88.70 Transaction ID : 0016661
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Peoria County GOP		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 8835 North Knoxville		Amount of Each Disbursement this Period \$ 250.00 Transaction ID : 0016660
City Peoria	State IL	
Zip Code 61615	Purpose of Disbursement Office Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 396.70
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 103 OF 107	
	<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. Adam G Vitale		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 6 Ottawa Trl		Amount of Each Disbursement this Period 1660.41
City Galesburg	State IL	
Zip Code 61401	Purpose of Disbursement IN-KIND: Food For Fundraiser	Transaction ID : 0016753-IK
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	(contributor) In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal Co.		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 58.26
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : 0016713
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paypal Co.		Date of Disbursement MM / DD / YYYY 06 / 29 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 188.16
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : 0016752
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1906.83
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 104 OF 107		
	<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. Paypal Co.			Date of Disbursement MM / DD / YYYY 06 / 30 / 2014		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 56.61		
City San Jose	State CA	Zip Code 95131	Transaction ID : 0016849		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> 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) C.			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: <input type="checkbox"/> 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:					

SUBTOTAL of Disbursements This Page (optional).....	56.61
TOTAL This Period (last page this line number only).....	72234.32

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Bobby Schilling for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Consolidated Capital and Consulting

Mailing Address P.O. Box 234

City State Zip Code
Columbia MO 65205

Nature of Debt (Purpose):
Professional/Consulting Services

Outstanding Balance Beginning This Period **Transaction ID : 6110-**
10000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 10000.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	10000.00
2) TOTALS This Period (last page this line number only)	10000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) 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) Bobby Schilling for Congress		Report Covering Period: From: <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>M</td><td>M</td></tr><tr><td>04</td><td></td></tr></table> / <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>D</td><td>D</td></tr><tr><td>01</td><td></td></tr></table> / <table border="1" style="display: inline-table; margin-right: 10px;"><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; margin-right: 10px;"><tr><td>M</td><td>M</td></tr><tr><td>06</td><td></td></tr></table> / <table border="1" style="display: inline-table; margin-right: 10px;"><tr><td>D</td><td>D</td></tr><tr><td>30</td><td></td></tr></table> / <table border="1" style="display: inline-table;"><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	04		D	D	01		Y	Y	Y	Y	Y	Y	2014						M	M	06		D	D	30		Y	Y	Y	Y	Y	Y	2014					
M	M																																													
04																																														
D	D																																													
01																																														
Y	Y	Y	Y	Y	Y																																									
2014																																														
M	M																																													
06																																														
D	D																																													
30																																														
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	Bobby Schilling for Congress	118745.26	15950.00																																											
B	Young Guns Day II 2014 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	101750.00	0.00	236445.26	4191.70	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	271.22	0.00	240908.18	72942.73	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	72942.73	332115.98	500081.43	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	236445.26	72671.51																																											
B	0.00	0.00	0.00																																											