

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Mitch Heckenkamp
Signature of Treasurer Mr. Mitch Heckenkamp *[Electronically Filed]* Date M M / D D / Y Y Y Y

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bobby Schilling for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	4059.88
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	4059.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19039.96	75321.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19039.96	74221.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20671.23	
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: / / To: / /

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).....	0.00	1540.00
(ii) Unitemized.....	0.00	422.88
(iii) TOTAL of contributions from individuals ▶	0.00	1962.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2097.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	4059.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	1321.80
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.)	0.00	1100.00
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)..... ▶	0.00	6481.68

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19039.96	75321.85
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19039.96	75321.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39711.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	39711.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19039.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20671.23

**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 5 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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) A. Terrence Schilling			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013	
Mailing Address 1100 20th Avenue			Amount of Each Disbursement this Period 2000.00	
City East Moline	State IL	Zip Code 61244	Transaction ID : 0014194	
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Filpac LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013	
Mailing Address 3624 Lieb St			Amount of Each Disbursement this Period 400.00	
City Columbus	State OH	Zip Code 43214	Transaction ID : 0014196	
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Sheri Fieweger			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013	
Mailing Address 6 Windy Point			Amount of Each Disbursement this Period 9337.00	
City Rock Island	State IL	Zip Code 61201	Transaction ID : 0014195	
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	11737.00
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 6 OF 18	
	<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 01 / 22 / 2013	
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 362.85	
City Wilmington	State DE	Zip Code 19886	
Purpose of Disbursement Credit Card Payment	Category/ Type 001		
Candidate Name		Transaction ID : 0014199 ITEMIZATION BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Shell Oil Company		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013	
Mailing Address 910 Louisana St One Shell Plaza		Amount of Each Disbursement this Period 67.22	
City Houston	State TX	Zip Code 77252	
Purpose of Disbursement Travel Expense	Category/ Type 002		
Candidate Name		Transaction ID : 0014199-0003 [MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Casey's General Store		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013	
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 40.00	
City Carbon Cliff	State IL	Zip Code 61239	
Purpose of Disbursement Travel Expense	Category/ Type 002		
Candidate Name		Transaction ID : 0014199-0004 [MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	362.85
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 7 OF 18			
	<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 MM / DD / YYYY 01 / 22 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 159.38
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Computer Software	Transaction ID : 0014199-0005
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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 01 / 22 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 170.09
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Phone Bill	Transaction ID : 0014197
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sprint		Date of Disbursement MM / DD / YYYY 01 / 22 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 259.92
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Phone Bill	Transaction ID : 0014198
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	430.01
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 8 OF 18			
	<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. Mrs. Christie Schilling		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 1 Goembel Ct		Amount of Each Disbursement this Period 1950.00 Transaction ID : 0014201
City Colona	State IL	
Zip Code 61241	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Mitchell Heckenkamp		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 325.00 Transaction ID : 0014211
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Illinois Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 101 West Jefferson St		Amount of Each Disbursement this Period 162.49 Transaction ID : 0014203
City Springfield	State IL	
Zip Code 62702	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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2437.49
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 9 OF 18			
	<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. Department of Treasury			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013		
Mailing Address 1500 Pennsylvania Ave, NW			Amount of Each Disbursement this Period 1140.28		
City Washington	State DC	Zip Code 20220	Transaction ID : 0014205		
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: 2012 <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 02 / 04 / 2013		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 60.00		
City San Jose	State CA	Zip Code 95131	Transaction ID : 0014212		
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 checked="" type="checkbox"/> Primary <input 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 02 / 28 / 2013		
Mailing Address 917 26th Street			Amount of Each Disbursement this Period 320.00		
City Moline	State IL	Zip Code 61265	Transaction ID : 0014206		
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1520.28
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 10 OF 18			
	<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. Andrew Youngquist			Date of Disbursement MM / DD / YYYY 02 / 28 / 2013		
Mailing Address 504 E 1st Ave			Amount of Each Disbursement this Period 396.00		
City Monmouth	State IL	Zip Code 61462	Transaction ID : 0014208		
Purpose of Disbursement Attorney Fees		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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 MM / DD / YYYY 02 / 28 / 2013		
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 498.01		
City Wilmington	State DE	Zip Code 19886	Transaction ID : 0014210		
Purpose of Disbursement Credit Card Payment		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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. Lowe's			Date of Disbursement MM / DD / YYYY 02 / 28 / 2013		
Mailing Address 3820 44th Ave			Amount of Each Disbursement this Period 215.04		
City Moline	State IL	Zip Code 61265	Transaction ID : 0014210-0001		
Purpose of Disbursement Office Supplies		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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).....	894.01
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 11 OF 18	
	<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 MM / DD / YYYY 02 / 28 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 44.12
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Bank Expense	Transaction ID : 0014210-0003
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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 MM / DD / YYYY 02 / 28 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 159.38
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Computer Software	Transaction ID : 0014210-0005
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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. Hy-Vee Inc.		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 5820 Westown Pkwy		Amount of Each Disbursement this Period 228.29
City West Des Moines	State IA	
Zip Code 50266	Purpose of Disbursement Food for Fundraiser	Transaction ID : 0014207
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	228.29
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 12 OF 18			
	<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 02 / 28 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 170.09 Transaction ID : 0014209
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Mitchell Heckenkamp		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 161.00 Transaction ID : 0014214
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2014 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 03 / 01 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 120.00 Transaction ID : 0014213
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2014 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	451.09
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 13 OF 18		
	<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 03 / 21 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 436.37
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	Transaction ID : 0014215
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. Casey's General Store		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 72.50
City Carbon Cliff	State IL	
Zip Code 61239	Purpose of Disbursement Travel Expense	Transaction ID : 0014215-0001
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. BP Gas, Llc		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 3718 39th Ave Dr		Amount of Each Disbursement this Period 55.00
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Travel Expense	Transaction ID : 0014215-0002
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	436.37
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 14 OF 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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) A. Exxonmobil		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 5959 Las Colinas Blvd		Amount of Each Disbursement this Period 99.60
City Irving	State TX Zip Code 75039	
Purpose of Disbursement Travel Expense	Category/Type 002	Transaction ID : 0014215-0003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Credit Card		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 45.80
City Wilmington	State DE Zip Code 19886	
Purpose of Disbursement Bank Expense	Category/Type 001	Transaction ID : 0014215-0004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) c. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 159.38
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Marketing Materials	Category/Type 001	Transaction ID : 0014215-0006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[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 15 OF 18	
	<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 03 / 21 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 179.42
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 0014216

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

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

SUBTOTAL of Disbursements This Page (optional).....	179.42
TOTAL This Period (last page this line number only).....	18676.81

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Bobby Schilling for Congress

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

Outstanding Balance Beginning This Period	Transaction ID : 6110-	
<input type="text" value="10000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="10000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="10000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="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"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>01</td><td>/</td><td>01</td><td>/</td><td>2013</td></tr></table> To: <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>03</td><td>/</td><td>31</td><td>/</td><td>2013</td></tr></table>					M M M	/	D D D	/	Y Y Y Y Y Y	01	/	01	/	2013	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y																						
01	/	01	/	2013																						
M M M	/	D D D	/	Y Y Y Y Y Y																						
03	/	31	/	2013																						
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	0.00	0.00																							
B	Freshman Hold'em JFC	0.00	0.00																							
Column Total Last Page Only.....																										
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																				
A	0.00	0.00	0.00	0.00	0.00	0.00																				
B	0.00	0.00	0.00	0.00	0.00	0.00																				
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees																				
A	0.00	0.00	0.00	0.00	19039.96	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	19039.96	39711.19	20671.23	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	0.00	19039.96																							
B	0.00	0.00	0.00																							

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

Name of Principal Campaign Committee (In Full) Bobby Schilling for Congress		Report Covering Period: From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2013"/> To: <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>				
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					
B	Column Total Last Page Only.....				0.00	0.00
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
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						
B	0.00	0.00	0.00	0.00	19039.96	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						
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						
B	0.00	0.00	19039.96	39711.19	20671.23	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						
B	10000.00	0.00	19039.96			