

# 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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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  
07 / 01 / 2013

through

M M / D D / Y Y Y Y  
09 / 30 / 2013

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  
10 / 15 / 2013

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**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))....	170899.80	174959.68
(b) Total Contribution Refunds (from Line 20(d)) .....	2500.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	168399.80	172459.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19845.38	101077.02
(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)).....	19845.38	99977.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	163315.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bobby Schilling for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107350.00	108890.00
(ii) Unitemized.....	18156.00	18578.88
(iii) TOTAL of contributions from individuals ▶	125506.00	127468.88
(b) Political Party Committees.....	5000.00	5000.00
(c) Other Political Committees (such as PACs).....	40393.80	42490.80
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	170899.80	174959.68
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	1321.80
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1100.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	170899.80	177381.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19845.38	101077.02
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 .....	2500.00	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)).....	2500.00	2500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	22345.38	103577.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14761.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	170899.80
25. SUBTOTAL (add Line 23 and Line 24).....	185661.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22345.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	163315.86

**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 65
	<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)  
**Robert Gochee**

Mailing Address 13405 322nd St W

City State Zip Code  
Illinois City IL 61259

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 11 / 2013

**Transaction ID : 0014246**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 5 Misty Hollow

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : 0014253**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 60 E Scott St, Apt 303

City State Zip Code  
Chicago IL 60610

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : 0014254**

Amount of Each Receipt this Period  
 250.00

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

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

3150.00

**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 65
	<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)  
**Luke Vander Bleek**

Mailing Address 504 Portland Ave

City Morrison State IL Zip Code 61270

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

Name of Employer Fitzgerald Pharmacy Occupation Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 30 / 2013

**Transaction ID : 0014255**

Amount of Each Receipt this Period  
 2500.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014282**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3600 1st St

City East Moline State IL Zip Code 61244

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

Name of Employer Self Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014283**

Amount of Each Receipt this Period  
 2600.00

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

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

6100.00

**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 65
	<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)  
**David Roberts**

Mailing Address 3600 1st St

City East Moline State IL Zip Code 61244

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

Name of Employer Self Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014284**

Amount of Each Receipt this Period  
 2600.00

5200.00

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

Mailing Address 1116 330th St

City New Windsor State IL Zip Code 61465

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 Y  
 08 / 20 / 2013

**Transaction ID : 0014288**

Amount of Each Receipt this Period  
 2400.00

2400.00

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

Mailing Address 5515 West St Anthony Road

City Quincy State IL Zip Code 62305

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

Name of Employer Self Occupation Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014289**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014290**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 42

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014291**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2752 Nichols Lane

City State Zip Code  
Davenport IA 52803

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014292**

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 9 OF 65
	<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)  
**Robert Ontiveros**

Mailing Address 3718 39th St Ct

City Moline State IL Zip Code 61265

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

Name of Employer Group O Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014293**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Ruth M Thornton**

Mailing Address 2 Goembel Court

City Colona State IL Zip Code 61241

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  
 08 / 20 / 2013

**Transaction ID : 0014294**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 5324 36th Ave Ct

City Moline State IL Zip Code 61265

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

Name of Employer physician/Office manager Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014295**

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 10 OF 65
	<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)  
**Gene Blanc**

Mailing Address 1105 34th Ave Dr

City Moline State IL Zip Code 61265

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

Name of Employer Midland Info Resources Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014296**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles P. Mc Quaid**

Mailing Address 1341 Turvey Road

City Downers Grove State IL Zip Code 60515

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  
 08 / 20 / 2013

**Transaction ID : 0014297**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5401 N Knoxville Ave

City Peoria State IL Zip Code 61614

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  
 08 / 20 / 2013

**Transaction ID : 0014298**

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 11 OF 65
	<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)  
**James Barton**

Mailing Address 417 W Lawndale

City Peoria State IL Zip Code 61604

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  
 08 / 20 / 2013

**Transaction ID : 0014299**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1023 W Knox Rd

City Galesburg State IL Zip Code 61401

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  
 08 / 20 / 2013

**Transaction ID : 0014300**

Amount of Each Receipt this Period  
 1000.00

**C.** 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  
 08 / 20 / 2013

**Transaction ID : 0014301**

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 12 OF 65
	<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)  
**Dolores Williams**

Mailing Address PO Box 1296

City Festus State MO Zip Code 63028

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 Y  
 08 / 20 / 2013

**Transaction ID : 0014302**

Amount of Each Receipt this Period  
 500.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014303**

Amount of Each Receipt this Period  
 3000.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014304**

Amount of Each Receipt this Period  
 -400.00

**[MEMO ITEM]  
REDESIGNATION**

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**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 **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014305**

Amount of Each Receipt this Period  
**400.00**

**[MEMO ITEM]  
REDESIGNATION**

**B.** Full Name (Last, First, Middle Initial)  
**Harold Waldemer Knapheide IV**

Mailing Address 200 East Ave

City Quincy State IL Zip Code 62301

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

Name of Employer Knapheide Mfg Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014306**

Amount of Each Receipt this Period  
**2400.00**

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

Mailing Address 602 E High Point Rd

City Peoria State IL Zip Code 61602

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014307**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 65
	<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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014309**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 509 E High Point Road

City State Zip Code  
Peoria IL 61614

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

Name of Employer Occupation  
LR Nelson Corp Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014310**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 415 12th Ave

City State Zip Code  
Hampton IL 61256

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014311**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 65
	<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)  
**Harold Knapheide**

Mailing Address **PO 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  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014313**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **2822 170th Ave**

City **Sherrard** State **IL** Zip Code **61281**

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  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014314**

Amount of Each Receipt this Period  
**250.00**

**C.** 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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2013**

**Transaction ID : 0014315**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3850.00**

**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 65
	<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)  
**Cynthia Lucas**

Mailing Address 27 Ponderosa Dr

City Colona State IL Zip Code 61241

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  
 08 / 20 / 2013

**Transaction ID : 0014317**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 313 US 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  
 08 / 20 / 2013

**Transaction ID : 0014319**

Amount of Each Receipt this Period  
 500.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014320**

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: PAGE 17 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**James Owens**

Mailing Address 5504 N Prospect Rd

City Peoria State IL Zip Code 61616

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

Name of Employer Caterpillar Occupation Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014321**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1609 East Broadway

City Monmouth State IL Zip Code 61462

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 Y  
 08 / 20 / 2013

**Transaction ID : 0014322**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address RR 1 Box 144

City Oquawka State IL Zip Code 61469

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014323**

Amount of Each Receipt this Period  
 500.00

**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 18 OF 65
	<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)  
**Samuel Allen**

Mailing Address 25123 189th St

City Bettendorf State IA Zip Code 52722

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

Name of Employer John Deere & Company Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014326**

Amount of Each Receipt this Period  
 2600.00

2600.00

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

Mailing Address 1292 200th St

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014327**

Amount of Each Receipt this Period  
 500.00

500.00

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

Mailing Address 720 Rosewood Ave

City Winnetka State IL Zip Code 60093

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

Name of Employer R8 Capital Partners Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2013

**Transaction ID : 0014332**

Amount of Each Receipt this Period  
 10400.00

10400.00

Reattribution below

5200.00

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

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

13500.00

**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 19 OF 65
	<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)  
**Bruce Rauner**

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
R8 Capital Partners Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014332-REATT**

Amount of Each Receipt this Period  
-5200.00

**[MEMO ITEM]**  
Reattributed below

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

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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  
5200.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014332-0001**

Amount of Each Receipt this Period  
5200.00

**[MEMO ITEM]**  
Reattributed

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

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
R8 Capital Partners Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014333**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]**  
REDESIGNATION

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

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

0.00

**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 65
	<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)  
**Bruce Rauner**

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
R8 Capital Partners Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014334**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]  
REDESIGNATION**

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

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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  
2600.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014335**

Amount of Each Receipt this Period  
-2600.00

**[MEMO ITEM]  
REDESIGNATION**

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

Mailing Address 720 Rosewood Ave

City State Zip Code  
Winnetka IL 60093

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  
5200.00

Date of Receipt  
08 / 20 / 2013

**Transaction ID : 0014336**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]  
REDESIGNATION**

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

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

0.00

**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 65
	<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**

Full Name (Last, First, Middle Initial) <b>A. Marilyn Bush</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2013	
Mailing Address 6706 78th Ave W		<b>Transaction ID : 0014361</b>	
City Milan State IL Zip Code 61264	Amount of Each Receipt this Period 1000.00 GENERAL/UNCODED		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Retired Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Barry MacLean</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2013	
Mailing Address 1000 Allanson Rd		<b>Transaction ID : 0014366</b>	
City Mundelein State IL Zip Code 60060	Amount of Each Receipt this Period 5200.00 Reattribution below		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Maclean-Fogg Co Chief Executive Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Barry MacLean</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2013	
Mailing Address 1000 Allanson Rd		<b>Transaction ID : 0014366-REATT</b>	
City Mundelein State IL Zip Code 60060	Amount of Each Receipt this Period -2600.00 <b>[MEMO ITEM]</b> Reattributed below		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Maclean-Fogg Co Chief Executive Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> 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 65
	<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)  
**Mary Ann Maclean**

Mailing Address 1000 Allanson Rd

City State Zip Code  
Mundelein IL 60060

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014366-0001**

Amount of Each Receipt this Period  
2600.00

**[MEMO ITEM]**  
Reattributed

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

Mailing Address RR 1 Box 68

City State Zip Code  
Little York IL 61453

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

Name of Employer Occupation  
Self Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014367**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 8571 Albany Road

City State Zip Code  
Erie IL 61250

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014368**

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: PAGE 23 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**James Bruner**

Mailing Address 502 Chatsworth Ct

City Springfield State IL Zip Code 62711

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 Y Y  
 08 / 31 / 2013

**Transaction ID : 0014369**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1429 E Lakeshore Dr

City Springfield State IL Zip Code 62712

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

Name of Employer Brown Hay Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014370**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1628 Fieldstone Dr

City Quincy State IL Zip Code 62305

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

Name of Employer State of Illinois Occupation State Senator

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014371**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

**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 24 OF 65
	<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)  
**Lois Harring**

Mailing Address 3711 77th St Ct

City Moline State IL Zip Code 61265

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

Name of Employer Seton Catholic School Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014374**

Amount of Each Receipt this Period  
 250.00

**B.** 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 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  
 08 / 31 / 2013

**Transaction ID : 0014377**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 890 Mulberry Drive

City Geneseo State IL Zip Code 61254

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

Name of Employer Self Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014378**

Amount of Each Receipt this Period  
 1000.00

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

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

3850.00



**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 65
	<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)  
**Kay Ferris**

Mailing Address 1408 Ave D

City Sterling State IL Zip Code 61081

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

Name of Employer Self Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014386**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen 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 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  
 09 / 15 / 2013

**Transaction ID : 0014387**

Amount of Each Receipt this Period  
 2600.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014388**

Amount of Each Receipt this Period  
 1000.00

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

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

3850.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 26 OF 65

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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014391**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1068 20 AV

City East Moline State IL Zip Code 61244

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

Name of Employer Seton School Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014426**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3626 71st 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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014427**

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 27 OF 65
	<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)  
**Michael Stone**

Mailing Address 142 W Detweiller Dr

City Peoria State IL Zip Code 61615

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

Name of Employer RLI Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014432**

Amount of Each Receipt this Period  
 2400.00

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

Mailing Address 522 Lake Shore Dr N

City Barrington State IL Zip Code 60010

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

Name of Employer Family Taxpayers Foundation Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : 0014442**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 17110 Hickory Hills Rd

City Sterling State IL Zip Code 61081

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

Name of Employer Third Generation Financial Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : 0014485**

Amount of Each Receipt this Period  
 500.00

**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 28 OF 65
	<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)  
**Valerie Umholtz**

Mailing Address 910 Washington

City Pekin State IL Zip Code 61554

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  
 09 / 23 / 2013

**Transaction ID : 0014491**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address #4 Ottawa Trail

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : 0014503**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2421 75th Ave

City Viola State IL Zip Code 61486

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

Name of Employer Blick & Blick Oil, Inc Occupation Distributor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : 0014539**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

**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 65
	<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)  
**Ky W. Boyle**

Mailing Address 2413 32nd Street

City Moline State IL Zip Code 61265

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014559**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1068 20th Ave

City East Moline State IL Zip Code 61244

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

Name of Employer Self Occupation Physical Therapist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014569**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1885 65th Ave

City Aledo State IL Zip Code 61231

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

Name of Employer 1st Choice Sanatation Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014572**

Amount of Each Receipt this Period  
 250.00

**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 30 OF 65
	<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)  
**Brian Anseeuw**

Mailing Address PO Box 305  
1116 330th St

City State Zip Code  
New Windsor IL 61465

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014574**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 6800 78th Ave West

City State Zip Code  
Milan IL 61264

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

Name of Employer Occupation  
Self Employed Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014575**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Alcinda 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014590**

Amount of Each Receipt this Period  
500.00

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

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

3400.00

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

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

FOR LINE NUMBER: PAGE 31 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**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  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014597**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8038 N 1935 Ave

City State Zip Code  
Geneseo IL 61254

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

Name of Employer Occupation  
Becker and Becker, Inc President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014620**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25802 E 1650 St

City State Zip Code  
Geneseo IL 61254

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

Name of Employer Occupation  
State of Illinois Inspector

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014635**

Amount of Each Receipt this Period  
250.00

**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 32 OF 65
	<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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014647**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 415 North 9th St

City Monmouth State IL Zip Code 61462

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  
 09 / 30 / 2013

**Transaction ID : 0014648**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 12501 Rt 84 N

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014662**

Amount of Each Receipt this Period  
 2500.00

**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: PAGE 33 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Charles Ellis**

Mailing Address 12501 Rt 84 N

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014663**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 3707 John Deere Rd

City East Moline State IL Zip Code 61244

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

Name of Employer Black Hawk College Occupation Coordinator

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014667**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 323 W Timber Ridge Dr

City Peoria State IL Zip Code 61615

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

Name of Employer Health Strategy Occupation Pharmacist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014694**

Amount of Each Receipt this Period  
 2500.00  
 GENERAL/UNCODED

**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 34 OF 65
	<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)  
**Luke Vander Bleek**

Mailing Address 504 Portland Ave

City Morrison State IL Zip Code 61270

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

Name of Employer Fitzgerald Pharmacy Occupation Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014695**

Amount of Each Receipt this Period  
2500.00

GENERAL/UNCODED

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

Mailing Address 504 Portland Ave

City Morrison State IL Zip Code 61270

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

Name of Employer Vander Bleek Design Occupation Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014697**

Amount of Each Receipt this Period  
5000.00

GENERAL/UNCODED

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

Mailing Address 504 Portland Ave

City Morrison State IL Zip Code 61270

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

Name of Employer Vander Bleek Design Occupation Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014698**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]  
REDESIGNATION**

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

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

7500.00

**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 35 OF 65
	<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)  
**Joan Vander Bleek**

Mailing Address 504 Portland Ave

City Morrison State IL Zip Code 61270

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

Name of Employer Vander Bleek Design Occupation Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014699**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]  
REDESIGNATION**

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

Mailing Address 65 E Goethe Apt 3 W

City Chicago State IL Zip Code 60610

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

Name of Employer HALP Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014700**

Amount of Each Receipt this Period  
5000.00

**GENERAL/UNCODED**

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

Mailing Address 65 E Goethe Apt 3 W

City Chicago State IL Zip Code 60610

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

Name of Employer HALP Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014701**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]  
REDESIGNATION**

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

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

5000.00

**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 65
	<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)  
**David Herro**

Mailing Address 65 E Goethe Apt 3 W

City Chicago State IL Zip Code 60610

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

Name of Employer HALP Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014702**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]  
REDESIGNATION**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

107350.00

**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 37 OF 65
	<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	

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) <b>A. Cravack Campaign</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address 6448 Main St P.O. Box 951		<b>Transaction ID : 0014285</b>
City North Branch      State MN      Zip Code 55056		
FEC ID number of contributing federal political committee.      C		Amount of Each Receipt this Period 2000.00
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Cravack Campaign</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address 6448 Main St P.O. Box 951		<b>Transaction ID : 0014286</b>
City North Branch      State MN      Zip Code 55056		
FEC ID number of contributing federal political committee.      C		Amount of Each Receipt this Period 2000.00
Name of Employer Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>C. Billy Long For Congress</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3246 E Ridgeview St		<b>Transaction ID : 0014688</b>
City Springfield      State MO      Zip Code 65804		
FEC ID number of contributing federal political committee.      C      C00460063		Amount of Each Receipt this Period 1000.00 GENERAL/UNCODED
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**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 38 OF 65
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Citizens United Political Victory Fund**

Mailing Address 1006 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C0029527**

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 Y  
 07 / 11 / 2013

**Transaction ID : 0014245**

Amount of Each Receipt this Period  
 5000.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2013

**Transaction ID : 0014376**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address PO 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 Y  
 09 / 27 / 2013

**Transaction ID : 0014560**

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 39 OF 65
	<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**

**A. Pete PAC**  
 Full Name (Last, First, Middle Initial)  
 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 Y  
 09 / 27 / 2013  
**Transaction ID : 0014561**  
 Amount of Each Receipt this Period  
 2000.00

**B. Greater Tomorrow PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Pennsylvania Ave SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C C00526715**  
 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 Y  
 09 / 27 / 2013  
**Transaction ID : 0014562**  
 Amount of Each Receipt this Period  
 500.00

**C. Prosperity PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 Pendleton St  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C C00377689**  
 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 Y  
 09 / 27 / 2013  
**Transaction ID : 0014563**  
 Amount of Each Receipt this Period  
 5000.00

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

7500.00

**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 65
	<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**

**A.** 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  
 09 / 27 / 2013

**Transaction ID : 0014564**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Duncan For Congress**

Mailing Address PO Box 732

City Clinton State SC Zip Code 29325

FEC ID number of contributing federal political committee. **C** C00460550

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  
 09 / 27 / 2013

**Transaction ID : 0014587**

Amount of Each Receipt this Period  
 1000.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2013

**Transaction ID : 0014588**

Amount of Each Receipt this Period  
 2500.00

**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 41 OF 65
	<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**

**A. LynnPac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : 0014613**  
 Amount of Each Receipt this Period  
 500.00

**B. Midnight Sun PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Maryland Ave  
 City State Zip Code  
 Washington DC 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : 0014614**  
 Amount of Each Receipt this Period  
 1000.00

**C. National Federation of Independent Business Safe Trust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 F Street, NW Suite 200  
 City State Zip Code  
 Washington DC 20004  
 FEC ID number of contributing federal political committee. **C** C00101105  
 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 Y Y  
 09 / 27 / 2013  
**Transaction ID : 0014627**  
 Amount of Each Receipt this Period  
 393.80  
 IN-KIND: Fundraiser Reception

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

1893.80

**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 65
	<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**

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

Mailing Address 2700 Cumberland Pkwy #150

City Atlanta State GA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014637**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Council of Ins Agents and Brokers PAC**

Mailing Address 701 Pennsylvania Ave NW, Ste 750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

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 Y Y  
 09 / 30 / 2013

**Transaction ID : 0014638**

Amount of Each Receipt this Period  
 1000.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : 0014639**

Amount of Each Receipt this Period  
 2500.00

**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: PAGE 43 OF 65  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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. Jobs, Economy and Budget Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 Wisconsin Ave, Suite 310 East  
 City Bethesda State MD Zip Code 20814  
 Date of Receipt: 09 / 30 / 2013  
**Transaction ID : 0014641**  
 FEC ID number of contributing federal political committee: C C00420695  
 Amount of Each Receipt this Period: 2500.00  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 2500.00

**B. Cole PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12176 Chancery Station Circle  
 City Reston State VA Zip Code 20190  
 Date of Receipt: 09 / 30 / 2013  
**Transaction ID : 0014643**  
 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  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 1000.00

**C. John S Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 853  
 City Edwardsville State IL Zip Code 62025  
 Date of Receipt: 09 / 30 / 2013  
**Transaction ID : 0014668**  
 FEC ID number of contributing federal political committee: C C00390831  
 Amount of Each Receipt this Period: 5000.00  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date: 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... 8500.00  
**TOTAL** This Period (last page this line number only)..... 40393.80

**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 44 OF 65			
	<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) <b>A. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : 0014238</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MAVA Hero Street</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address PO Box 214		Amount of Each Disbursement this Period 798.59 <b>Transaction ID : 0014237</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 172.33 <b>Transaction ID : 0014239</b>
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1370.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 65			
	<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) <b>A. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 170.00
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill	
Candidate Name	Category/Type 001	<b>Transaction ID : 0014240</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1713.31
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type 001	<b>Transaction ID : 0014241</b>
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:		ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>c. Hotels.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 10440 N Central		Amount of Each Disbursement this Period 423.26
City Dallas State TX Zip Code 75231	Purpose of Disbursement Travel Expense	
Candidate Name	Category/Type 002	<b>Transaction ID : 0014241-0001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM] MEMO</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1883.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 65	
	<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) <b>A. Sprint</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 275.84
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name		Transaction ID : 0014241-0002
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:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>B. Shell Oil Company</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 910 Louisana St One Shell Plaza		Amount of Each Disbursement this Period 149.10
City Houston State TX Zip Code 77252	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0014241-0005
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:	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) <b>c. BP Gas, Llc</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013
Mailing Address 3718 39th Ave Dr		Amount of Each Disbursement this Period 60.00
City Moline State IL Zip Code 61265	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0014241-0007
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:	[MEMO ITEM] MEMO	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 65	
	<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) <b>A. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 349.35
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)	<b>Transaction ID : 0014241-0009</b> <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 15.94
City Waltham State MA Zip Code 02451	Purpose of Disbursement Computer Software 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)	<b>Transaction ID : 0014241-0010</b> <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 76.85
City Carbon Cliff State IL Zip Code 61239	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
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)	<b>Transaction ID : 0014241-0012</b> <b>[MEMO ITEM]</b> MEMO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 65			
	<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) <b>A. Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : 0014242</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 0014249</b>
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Terminal Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 113.46 <b>Transaction ID : 0014257</b>
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Phone Bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1673.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 65			
	<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) <b>A. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 43.28 <b>Transaction ID : 0014259</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Credit Card Terminal Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 3900 44th Ave		Amount of Each Disbursement this Period 211.97 <b>Transaction ID : 0014261</b>
City Moline State IL Zip Code 61265	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 76.49 <b>Transaction ID : 0014265</b>
City Moline State IL Zip Code 61265	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	331.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 65			
	<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) <b>A. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 26.42 <b>Transaction ID : 0014281</b>
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Terminal Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 49.21 <b>Transaction ID : 0014264</b>
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 514 17th St		Amount of Each Disbursement this Period 322.00 <b>Transaction ID : 0014260</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage Expense 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	397.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 65			
	<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) <b>A. Mrs. Christie Schilling</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 1 Goembel Ct		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : 0014258</b>
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Precision Signz and Banners</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 1055 Valley Drive		Amount of Each Disbursement this Period 465.00 <b>Transaction ID : 0014262</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1207.71 <b>Transaction ID : 0014339</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	ITEMIZATION BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3622.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 65	
	<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) <b>A. Shell Oil Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 910 Louisiana St One Shell Plaza		Amount of Each Disbursement this Period 230.00
City Houston State TX Zip Code 77252	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0014339-0002 <b>[MEMO ITEM]</b> MEMO
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 293.78
City Amf Ohare State IL Zip Code 60666	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0014339-0003 <b>[MEMO ITEM]</b> MEMO
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 562.68
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name		Transaction ID : 0014339-0005 <b>[MEMO ITEM]</b> MEMO
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 65			
	<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) <b>A. Casey's General Store</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2013
Mailing Address 306 2nd Ave		Amount of Each Disbursement this Period 39.25
City Carbon Cliff	State IL	
Zip Code 61239	Purpose of Disbursement Travel Expense	Transaction ID : 0014339-0006
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GoDaddy</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2013
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 45.96
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Website Design	Transaction ID : 0014339-0007
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 15.94
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Computer Software	Transaction ID : 0014339-0008
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 65			
	<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) <b>A. Mr. Mitchell Heckenkamp</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 313.73 <b>Transaction ID : 0014341</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 3900 44th Ave		Amount of Each Disbursement this Period 62.92 <b>Transaction ID : 0014342</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Midwest Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 920 15th Avenue		Amount of Each Disbursement this Period 2918.55 <b>Transaction ID : 0014344</b>
City East Moline State IL Zip Code 61244	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3114.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 65			
	<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) <b>A. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : 0014337</b>
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 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 131.00 <b>Transaction ID : 0014338</b>
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Phone Bill Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 1115 Massachusetts Ave NW		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : 0014552</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3301.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 65	
	<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) <b>A. Mr. Adrian Madunic</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : 0014381</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 0014363</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Terminal 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) <b>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 514 17th St		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : 0014379</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 65			
	<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) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 514 17th St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : 0014380</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 514 17th St		Amount of Each Disbursement this Period 332.52 <b>Transaction ID : 0014553</b>
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 41.40 <b>Transaction ID : 0014364</b>
City San Jose State CA Zip Code 95131	Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	973.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 65			
	<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) <b>A. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 665.99
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : 0014555</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxonmobil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 5959 Las Colinas Blvd		Amount of Each Disbursement this Period 50.35
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Travel Expense	<b>Transaction ID : 0014555-0001</b>
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)	<b>[MEMO ITEM]</b> MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Men's Warehouse</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 4009 E 53rd St		Amount of Each Disbursement this Period 564.70
City Davenport	State IA	
Zip Code 52807	Purpose of Disbursement Schilling Shirts	<b>Transaction ID : 0014555-0002</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	665.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 65			
	<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) <b>A. Shell Oil Company</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 910 Louisana St One Shell Plaza		Amount of Each Disbursement this Period 35.00
City Houston State TX Zip Code 77252	Purpose of Disbursement Travel Expense 002 Category/Type	
Candidate Name		Transaction ID : 0014555-0003
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 15.94
City Waltham State MA Zip Code 02451	Purpose of Disbursement Website Design 001 Category/Type	
Candidate Name		Transaction ID : 0014555-0004
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 30.00
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name		Transaction ID : 0014554
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 65			
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 60.95 <b>Transaction ID : 0014556</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 171.10 <b>Transaction ID : 0014557</b>
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	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Imagine That</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 1885 65th Ave		Amount of Each Disbursement this Period 326.04 <b>Transaction ID : 0014558</b>
City Aledo	State IL	
Zip Code 61231	Purpose of Disbursement Schilling Shirts	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	558.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 65	
	<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) <b>A. National Federation of Independent Business Safe Trust</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013	
Mailing Address 1201 F Street, NW Suite 200			Amount of Each Disbursement this Period 393.80	
City Washington	State DC	Zip Code 20004	Transaction ID : 0014627-IK	
Purpose of Disbursement IN-KIND: Fundraiser Reception		Category/ Type 003	(contributor) In-Kind Received	
Candidate Name National Federation of Independent Business Safe Trust				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paypal Co.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 609.25	
City San Jose	State CA	Zip Code 95131	Transaction ID : 0014728	
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) <b>C.</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		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1003.05
<b>TOTAL</b> This Period (last page this line number only).....	19416.02

**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 62 OF 65			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 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) <b>A. David Herro</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 65 E Goethe Apt 3 W		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 0014263</b>
City Chicago	State IL Zip Code 60610	
Purpose of Disbursement Contribution Refund	Category/Type 010	
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>B.</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	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) <b>C.</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	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

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

Outstanding Balance Beginning This Period		<b>Transaction ID : 6110-</b>	
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		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

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

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

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

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

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

Name of Principal Campaign Committee (In Full) <b>Bobby Schilling for Congress</b>		Report Covering Period: From: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>07</td><td></td></tr></table> / <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>01</td><td></td></tr></table> / <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2013</td><td></td><td></td><td></td><td></td><td></td></tr></table> To: <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>09</td><td></td></tr></table> / <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>30</td><td></td></tr></table> / <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2013</td><td></td><td></td><td></td><td></td><td></td></tr></table>				M	M	07		D	D	01		Y	Y	Y	Y	Y	Y	2013						M	M	09		D	D	30		Y	Y	Y	Y	Y	Y	2013					
M	M																																												
07																																													
D	D																																												
01																																													
Y	Y	Y	Y	Y	Y																																								
2013																																													
M	M																																												
09																																													
D	D																																												
30																																													
Y	Y	Y	Y	Y	Y																																								
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	<b>Bobby Schilling for Congress</b>	125506.00			5000.00																																								
B	<b>Freshman Hold'em JFC</b> Column Total Last Page Only.....	0.00			0.00																																								
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																																							
A	40393.80	0.00	170899.80	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	170899.80	19845.38	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	2500.00	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	2500.00	0.00	22345.38	14761.44	163315.86	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	168399.80	19845.38																																										
B	0.00	0.00	0.00																																										



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

Name of Principal Campaign Committee (In Full) <b>Bobby Schilling for Congress</b>		Report Covering Period: From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">M M M</td><td style="padding: 2px;">/</td><td style="padding: 2px;">D D D</td><td style="padding: 2px;">/</td><td style="padding: 2px;">Y Y Y Y Y Y</td></tr><tr><td style="text-align: center;">07</td><td></td><td style="text-align: center;">01</td><td></td><td style="text-align: center;">2013</td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">M M M</td><td style="padding: 2px;">/</td><td style="padding: 2px;">D D D</td><td style="padding: 2px;">/</td><td style="padding: 2px;">Y Y Y Y Y Y</td></tr><tr><td style="text-align: center;">09</td><td></td><td style="text-align: center;">30</td><td></td><td style="text-align: center;">2013</td></tr></table>				M M M	/	D D D	/	Y Y Y Y Y Y	07		01		2013	M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y																					
07		01		2013																					
M M M	/	D D D	/	Y Y Y Y Y Y																					
09		30		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	<b>Bobby Schilling for Congress</b>																								
B	Column Total Last Page Only.....	125506.00			5000.00																				
	(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	40393.80	0.00	170899.80	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	170899.80	19845.38	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	2500.00	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	2500.00	0.00	22345.38	14761.44	163315.86	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	168399.80	19845.38																						