

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Mitch Heckenkamp

Signature of Treasurer Mr. Mitch Heckenkamp *[Electronically Filed]* Date M M / D D / Y Y Y Y

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Bobby Schilling for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	4059.88
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	4059.88
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5909.79	81231.64
(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)).....	5909.79	80131.64
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	14761.44	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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).....	0.00	1540.00
(ii) Unitemized.....	0.00	422.88
(iii) TOTAL of contributions from individuals ▶	0.00	1962.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2097.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	4059.88
<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>	0.00	6481.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5909.79	81231.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5909.79	81231.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20671.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	20671.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5909.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14761.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16			
	<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 04 / 03 / 2013		
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 60.00		
City San Jose	State CA	Zip Code 95131	Transaction ID : 0014217		
Purpose of Disbursement Credit Card Terminal Fee		Category/ Type 001			
Candidate Name					
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. Sprint</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013		
Mailing Address 913 41st Avenue Dr			Amount of Each Disbursement this Period 340.18		
City Moline	State IL	Zip Code 61265	Transaction ID : 0014218		
Purpose of Disbursement Phone Bill		Category/ Type 001			
Candidate Name					
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. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013		
Mailing Address PO Box 6438			Amount of Each Disbursement this Period 174.94		
City Carol Stream	State IL	Zip Code 60197	Transaction ID : 0014219		
Purpose of Disbursement Phone Bill		Category/ Type 001			
Candidate Name					
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).....	575.12
<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 6 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Adrian Madunic</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013		
Mailing Address 3707 John Deere Rd			Amount of Each Disbursement this Period 259.60		
City East Moline	State IL	Zip Code 61244	Transaction ID : 0014220		
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. Chase Credit Card</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013		
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 20.13		
City Wilmington	State DE	Zip Code 19886	Transaction ID : 0014222		
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>c. Illinois Department of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013		
Mailing Address 101 West Jefferson St			Amount of Each Disbursement this Period 120.96		
City Springfield	State IL	Zip Code 62702	Transaction ID : 0014225		
Purpose of Disbursement Payroll Expense		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.69
<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 7 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Department of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 570.29 <b>Transaction ID : 0014226</b>
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 170.01 <b>Transaction ID : 0014223</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>c. Mrs. Christie Schilling</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 1 Goembel Ct		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : 0014221</b>
City Colona State IL Zip Code 61241	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2690.30
<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 8 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Tebockhorst Accounting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 917 26th Street		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : 0014231</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 68.98 <b>Transaction ID : 0014230</b>
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Payment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input 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 05 / 03 / 2013
Mailing Address 847 32nd Ave		Amount of Each Disbursement this Period 122.17 <b>Transaction ID : 0014227</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	256.15
<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 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 0014228</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. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 340.02 <b>Transaction ID : 0014229</b>
City Moline State IL Zip Code 61265	Purpose of Disbursement Phone Bill 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 06 / 03 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1274.57 <b>Transaction ID : 0014234</b>
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Credit Card Payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	ITEMIZATION BELOW
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1674.57
<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 10 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 617.32
City Amf Ohare	State IL	
Zip Code 60666	Purpose of Disbursement Travel Expense	Transaction ID : 0014234-0001
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. Sprint</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 913 41st Avenue Dr		Amount of Each Disbursement this Period 259.15
City Moline	State IL	
Zip Code 61265	Purpose of Disbursement Phone Bill	Transaction ID : 0014234-0002
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. Paypal Co.</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 138.38
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Website Design	Transaction ID : 0014234-0003
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 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. GoDaddy</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 140.68
City Scottsdale	State AZ	
Purpose of Disbursement Website Design	Zip Code 85260	[MEMO ITEM] MEMO
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. GoDaddy</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 14455 N Hayden Rd		Amount of Each Disbursement this Period 102.60
City Scottsdale	State AZ	
Purpose of Disbursement Website Design	Zip Code 85260	[MEMO ITEM] MEMO
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. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2013
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 15.94
City Waltham	State MA	
Purpose of Disbursement Fundraising Consulting	Zip Code 02451	[MEMO ITEM] MEMO
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).....	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 12 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 0.50
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Bank Expense	Transaction ID : 0014234-0007
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paypal Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 60.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Credit Card Terminal Fee	Transaction ID : 0014235
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address PO Box 6438		Amount of Each Disbursement this Period 152.06
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone Bill	Transaction ID : 0014232
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.06
<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 13 OF 16		
	<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 06 / 03 / 2013
Mailing Address 3707 John Deere Rd		Amount of Each Disbursement this Period 83.94 <b>Transaction ID : 0014233</b>
City East Moline	State IL Zip Code 61244	
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.</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).....	83.94
<b>TOTAL</b> This Period (last page this line number only).....	5892.85

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Bobby Schilling for Congress**

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

Mailing Address P.O. Box 234

City State Zip Code  
Columbia MO 65205

Nature of Debt (Purpose):  
Professional/Consulting Services

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

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <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 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;">04</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;">06</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	04		01		2013	M M M	/	D D D	/	Y Y Y Y Y Y	06		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y																					
04		01		2013																					
M M M	/	D D D	/	Y Y Y Y Y Y																					
06		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>	0.00			0.00																				
B	<b>Freshman Hold'em JFC</b>	0.00			0.00																				
Column Total Last Page Only.....																									
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																			
A	0.00	0.00	0.00	0.00	0.00	0.00																			
B	0.00	0.00	0.00	0.00	0.00	0.00																			
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees																			
A	0.00	0.00	0.00	0.00	5909.79	0.00																			
B	0.00	0.00	0.00	0.00	0.00	0.00																			
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees																			
A	0.00	0.00	0.00	0.00	0.00	0.00																			
B	0.00	0.00	0.00	0.00	0.00	0.00																			
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee																			
A	0.00	0.00	5909.79	20671.23	14761.44	0.00																			
B	0.00	0.00	0.00	0.00	0.00	0.00																			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures																						
A	10000.00	0.00	5909.79																						
B	0.00	0.00	0.00																						

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

Name of Principal Campaign Committee (In Full) <b>Bobby Schilling for Congress</b>		Report Covering Period: From: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>04</td><td>/</td><td>01</td><td>/</td><td>2013</td></tr></table> To: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>06</td><td>/</td><td>30</td><td>/</td><td>2013</td></tr></table>					M M M	/	D D D	/	Y Y Y Y Y Y	04	/	01	/	2013	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y																						
04	/	01	/	2013																						
M M M	/	D D D	/	Y Y Y Y Y Y																						
06	/	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.....			0.00	0.00																					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans																				
A																										
B	0.00	0.00	0.00	0.00	0.00	0.00																				
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees																				
A																										
B	0.00	0.00	0.00	0.00	5909.79	0.00																				
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees																				
A																										
B	0.00	0.00	0.00	0.00	0.00	0.00																				
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee																				
A																										
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A																										
B	10000.00	0.00	5909.79																							