

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

BILL BAILEY FOR CONGRESS

ADDRESS (number and street)

PO BOX 991

Check if different than previously reported. (ACC)

SEYMOUR

IN

47274

2. FEC IDENTIFICATION NUMBER

C C00547612

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

IN 09

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 11 / 04 / 2014 in the State of IN

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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

Type or Print Name of Treasurer Mr. Reuben Joseph Cummings

Signature of Treasurer Mr. Reuben Joseph Cummings [Electronically Filed] Date

12 / 03 / 2014

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

Table with 8 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BILL BAILEY 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))....	7967.00	77171.01
(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)).....	7967.00	77171.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8549.82	87233.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8549.82	87233.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12213.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	21958.14	

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

BILL BAILEY FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4652.00	32316.66
(ii) Unitemized.....	2715.00	36755.22
(iii) TOTAL of contributions from individuals ▶	7367.00	69071.88
(b) Political Party Committees.....	0.00	3000.00
(c) Other Political Committees (such as PACs).....	600.00	3465.00
(d) The Candidate.....	0.00	1634.13
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7967.00	77171.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	300.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	21958.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21958.14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	15.00	17.35
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7982.00	99446.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8549.82	87233.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8549.82	87233.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12781.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7982.00
25. SUBTOTAL (add Line 23 and Line 24).....	20763.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8549.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12213.43

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 30
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Molique		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 1848 N Pioneer Ln		Transaction ID : SA11AI.5609	
City Bloomington	State IN	Zip Code 47404	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation not employed Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. Robert R Myers		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 640 West Drive		Transaction ID : SA11AI.5635	
City Seymour	State IN	Zip Code 47274	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Jane Nierman		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 431 Alisa Ave		Transaction ID : SA11AI.5637	
City Seymour	State IN	Zip Code 47274	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer TEPPCO Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Human Resources Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BILL BAILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Page

Mailing Address 3510 E Edward Ct

City State Zip Code
Bloomington IN 47401

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

Name of Employer Occupation
not employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Brian Schrag

Mailing Address 719 N Keystone Ct

City State Zip Code
Bloomington IN 47408

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

Name of Employer Occupation
retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period
300.00

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

Mailing Address 3001 E Bethel Lane

City State Zip Code
Bloomington IN 47408

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

Name of Employer Occupation
self potter

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period
500.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL BAILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Blair Trask

Mailing Address 7006 Bethany Rd

City Columbus State IN Zip Code 47111

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

Name of Employer Self Occupation Radio Station 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
 10 / 15 / 2014

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period
 252.00

Amount of Each Receipt this Period
 552.00

B. Full Name (Last, First, Middle Initial)
Jane B Voorhees

Mailing Address 2106 Myron Cory Dr

City Hickman State KY Zip Code 42050

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

Name of Employer 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 Y
 10 / 05 / 2014

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

752.00

4652.00

**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 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BILL BAILEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Committee to elect Jim McCormick

Mailing Address 501 W 4th Street

City Seymour State IN Zip Code 47274

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11C.5616

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Committee to Elect Mark Stoops

Mailing Address 4425 Old State Rd 37 N

City Bloomington State IN Zip Code 47408

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2014

Transaction ID : SA11C.5620

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

600.00

600.00

**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 30			
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.95 Transaction ID : SB17.5655
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 1.98 Transaction ID : SB17.5674
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 7.90 Transaction ID : SB17.5675
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional).....	11.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30			
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 7.90 Transaction ID : SB17.5677
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 3.95 Transaction ID : SB17.5687
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 19.75 Transaction ID : SB17.5688
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional).....	31.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30			
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 2.41 Transaction ID : SB17.5691
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. Mr. WILLIAM W W BAILEY		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 715 WENDEMERE DR		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.5672
City SEYMOUR State IN Zip Code 47274	Purpose of Disbursement Cash for staff lunch at Octoberfest 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) c. Circle K		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO Box 347		Amount of Each Disbursement this Period 58.33 Transaction ID : SB17.5689
City Columbus State IN Zip Code 47202	Purpose of Disbursement Fuel 002 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional).....	130.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30			
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Downey Design		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 771 Redding Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5657
City Seymour	State IN	
Purpose of Disbursement Campaign Website		Category/ Type 004
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. Jay C		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1014 Vine St		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.5676
City Cincinnati	State OH	
Purpose of Disbursement Fuel		Category/ Type 002
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) c. Jay C		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1014 Vine St		Amount of Each Disbursement this Period 61.67 Transaction ID : SB17.5683
City Cincinnati	State OH	
Purpose of Disbursement Fuel		Category/ Type 002
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	226.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30			
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jewett Printng		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 219 West Main St		Amount of Each Disbursement this Period 102.06 Transaction ID : SB17.5661
City Farmersburg State IN Zip Code 47850	Purpose of Disbursement Business Cards 004 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. M&M Office Products Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1122 West Tipton St		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.5665
City Seymour State IN Zip Code 47274	Purpose of Disbursement Copier Lease 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) c. Metronet		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 3701 Communications Way		Amount of Each Disbursement this Period 74.69 Transaction ID : SB17.5666
City Evansville State IN Zip Code 47715	Purpose of Disbursement Phone/Internet 001 Category/Type	
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional).....	261.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 30	
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Monroe County Democrats		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 92		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.5667
City Bloomington	State IN	
Zip Code 47402	Purpose of Disbursement Office rent	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 448 S Hill St, #200		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.5680
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Collaboration tool	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) c. PostcardMania		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 2145 Sunnydale Blvd Bldg B		Amount of Each Disbursement this Period 1250.35 Transaction ID : SB17.5673
City Clearwater	State FL	
Zip Code 33765	Purpose of Disbursement Post card mailing blitz	Category/ Type 004
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

SUBTOTAL of Disbursements This Page (optional).....	1449.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 30	
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Royalty Properties, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1000 D Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5668
City Seymour	State IN	
Zip Code 47274	Purpose of Disbursement Office rent	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) B. Elizabeth Schlemmer		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1500 1/2 S Walnut St #2		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5660
City Bloomington	State IN	
Zip Code 47401	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) c. Elizabeth Schlemmer		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1500 1/2 S Walnut St #2		Amount of Each Disbursement this Period 1388.15 Transaction ID : SB17.5692
City Bloomington	State IN	
Zip Code 47401	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

SUBTOTAL of Disbursements This Page (optional).....	3138.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 30	
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elizabeth Schlemmer		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1500 1/2 S Walnut St #2		Amount of Each Disbursement this Period 323.81 Transaction ID : SB17.5693
City Bloomington	State IN	
Zip Code 47401	Purpose of Disbursement Campaign cell phones	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) B. Kathy Stolz		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 51 S Edwards St		Amount of Each Disbursement this Period 35.66 Transaction ID : SB17.5663
City Franklin	State IN	
Zip Code 46131	Purpose of Disbursement Postage and Office Supplies	Category/ Type 003
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) c. Kathy Stolz		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 51 S Edwards St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5664
City Franklin	State IN	
Zip Code 46131	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

SUBTOTAL of Disbursements This Page (optional).....	1359.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 30	
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 321 N Chestnut St		Amount of Each Disbursement this Period 98.00 Transaction ID : SB17.5682
City Seymour	State IN	
Purpose of Disbursement Postage	003	Category/ Type
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 321 N Chestnut St		Amount of Each Disbursement this Period 98.00 Transaction ID : SB17.5684
City Seymour	State IN	
Purpose of Disbursement Postage	003	Category/ Type
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) c. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 321 N Chestnut St		Amount of Each Disbursement this Period 147.00 Transaction ID : SB17.5690
City Seymour	State IN	
Purpose of Disbursement Postage	003	Category/ Type
Candidate Name BILL BAILEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	343.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 30	
	<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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Susan Woodard		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 9110 W CR 200 North		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5671
City Seymour State IN Zip Code 47274	Purpose of Disbursement Salary Category/Type 001	
Candidate Name BILL BAILEY FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	8452.56

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4209**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. WILLIAM W W BAILEY** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
599.20	0.00	599.20

TERMS

Date Incurred: M 10 / D 31 / Y 2013
Date Due: M / D / Y 12/1/14
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 599.20

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. WILLIAM W W BAILEY	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 715 WENDEMERE DR		

City	State	ZIP Code
SEYMOUR	IN	47274

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
51.95	0.00	51.95

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 01 / Y 2013	M M / D D / Y 12/1/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	51.95
TOTALS This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

Primary

General

Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

106.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

106.99

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11 / 02 / 2013

12/1/14

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

106.99

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4207**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. WILLIAM W W BAILEY** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

Original Amount of Loan 1400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1400.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 11 / D 06 / Y 2013	Date Due M M / D D / Y 12/1/14	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 1400.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4269

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

Primary

General

Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

14

2014

12/1/14

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

6000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4419**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. WILLIAM W W BAILEY** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 04 / D 02 / Y 2014
Date Due: M / D / Y 12/1/14
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4497**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. WILLIAM W W BAILEY** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

Original Amount of Loan 1800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1800.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 04 / D 25 / Y 2014
Date Due: M / D / Y 12/1/14
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1800.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4674

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

Primary

General

Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 M /

D 23 D /

Y 2014 Y

M 10 M /

D 17 D /

Y 0011 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

3000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4675**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. WILLIAM W W BAILEY** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS

Date Incurred M 06 / D 23 / Y 2014	Date Due M 10 / D 17 / Y 0011	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 3000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4676

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

Primary

General

Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06 M /

D 30 D /

Y 2014 Y

M 10 M /

D 17 D /

Y 0011 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5393

BILL BAILEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mr. WILLIAM W W BAILEY

Primary

General

Other (specify) ▼

Mailing Address

715 WENDEMERE DR

City

State

ZIP Code

SEYMOUR

IN

47274

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 07 D

Y 2014 Y

M 10 M

D 17 D

Y 0011 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

3000.00

TOTALS This Period (last page in this line only).....

21958.14

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.