



Aug 8, 2016

RECEIVED  
FEC MAIL CENTER

2016 AUG 17 AM 8:30

To: FEC

Re: 2<sup>nd</sup> Quarter Report

ID # C00583567

Dear Sirs,

Enclosed is the 2<sup>nd</sup> Quarterly report. I did not file it before since there was no activity (0 receipts 0 disbursements & 0 new loans.) I am not running for office since I lost the primary. There is only \$314 residual.

Also enclosed is addendum to the 1<sup>st</sup> Quarter which you requested. Schedule A is submitted.

Sincerely

Robert Marshall

2016-08-17 AM 08:30:10

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 AUG 17 AM 8:29

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Committee to Elect Robert Marshall

ADDRESS (number and street)

3304 Grove Avenue

Check if different than previously reported. (ACC)

Berwyn IL 60402

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00583567

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

IL

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2016

through

06/30/2016

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 Robert Marshall

Signature of Treasurer

Robert Marshall

Date

08/03/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Robert Marshall

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

	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	500
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0	500
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	0	6000
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	0	6000
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	314	
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....</b>	45000	

**For further information contact:**

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

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

2016-08-17 09:00:00

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Committee to Elect Robert Marshall

Report Covering the Period: From:

MM, DD, YYYY  
04, 01, 2014

To:

MM, DD, YYYY  
06, 30, 2016

**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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0  
0  
0  
0  
0  
0

500

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES**.....

0

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0  
0

45,000  
45,000

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)**.....

0

**15. OTHER RECEIPTS (Dividends, Interest, etc.)**.....

0

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)**..... ▶

0

45,500

NONPROFIT ORGANIZATION

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0	6000.
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	40,196.
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	0	46,196.

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314.
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.
25. SUBTOTAL (add Line 23 and Line 24).....	314.
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	314.

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**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	OF
<input 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)  
**Committee to Elect Robert Marshall**

Full Name (Last, First, Middle Initial)  
**None**

**A.** 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

Full Name (Last, First, Middle Initial)

**B.** 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

Full Name (Last, First, Middle Initial)

**C.** 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)..... **0**

2010-08-17 09:00:00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE      OF       
FOR LINE NUMBER

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 (Full)

Committee to Elect Robert Marshall

NOV 10 10 00 AM '00

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<i>None</i>			
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

0

**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>COMMITTEE TO ELECT ROBERT MARSHALL</b>	FEC IDENTIFICATION NUMBER <b>N/A</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
What is the value of this collateral?  
Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
Date account established: M M / D D / Y Y Y Y  
Location of account: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

2016-08-17 00:00:00

**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)

Committee to Elect Robert Marshall

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

Marshall, Robert

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

1200 Woodview Road

City

Burr Ridge

State

IL

ZIP Code

60527

Original Amount of Loan

0

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

45000

TERMS

Date Incurred

N/A

Date Due

N/A

Interest Rate

300 % (apr)

Secured:

Yes  No

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

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

ROBERT MARSHALL

Name of Employer

self

Mailing Address

3304 GROVE AV

Occupation

physician

City

BERWYN IL 60402

Amount

Guaranteed Outstanding:

45000

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

all loans from

Name of Employer

Mailing Address

R. Marshall are from personal funds

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)

0

TOTALS This Period (last page in this line only)

45000

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

NONUNION

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
 Committee to Elect Robert Marshall

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> N/A	<b>Nature of Debt (Purpose):</b>
<b>Mailing Address</b>	
<b>City State Zip Code</b>	

<b>Outstanding Balance Beginning This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>
<b>Amount Incurred This Period</b>		

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

<b>Outstanding Balance Beginning This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>
<b>Amount Incurred This Period</b>		

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

<b>Outstanding Balance Beginning This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>
<b>Amount Incurred This Period</b>		

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

2025 RELEASE UNDER E.O. 14176

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) Committee to Elect Robert Marshall	Report Covering Period: From: 04/01/2016 To: 06/30/2016
---	--

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	0	0

	(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	0	0	0	45,000	0
	(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	0	0	45,500	6000	0
	(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	0	0	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B	0	40,196	46,196	314	314	0
	(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	45,000	500	6000			

20160630 10:00:00 AM

Addendum to Q1 report (Apr 15) 2016

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

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)  
**Committee to Elect Robert Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**MARSHALL ROBERT**

Mailing Address  
**3304 GROVE AV.**

City **BERWYN** State **IL** Zip Code **60402**

FEC ID number of contributing federal political committee.  
**000583567**

Name of Employer **self** Occupation **physician**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
~~03/10/2016~~  
**45,000**

Date of Receipt  
**None**

**03' 09' 2016**

Amount of Each Receipt this Period  
**8,000**

*all loans are from R. Marshall's personal funds*

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

Mailing Address  
**3304 GROVE AV**

City **BERWYN** State **IL** Zip Code **60402**

FEC ID number of contributing federal political committee.  
**000583567**

Name of Employer **self** Occupation **physician**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**45,000**

Date of Receipt  
**03' 10' 2016**

Amount of Each Receipt this Period  
**1,600**

**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

Amount of Each Receipt this Period

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

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

**24000**

17-00000-10



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt  
8/9/16 8/17/16

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 8/17/16  
 PREPARER DATE PREPARED

2016-08-17 09:00:00 AM