

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 (N) **OR** AMENDED (A)

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
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))....	4780.00	10936.23
(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)).....	4780.00	10936.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9235.59	16742.36
(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)).....	9235.59	16742.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2352.01	
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).....	8158.14	

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).....	2000.00	2000.00
(ii) Unitemized.....	2780.00	7809.00
(iii) TOTAL of contributions from individuals ▶	4780.00	9809.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	1127.23
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4780.00	10936.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6000.00	8158.14
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6000.00	8158.14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10780.00	19094.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9235.59	16742.36
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) ►	9235.59	16742.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	807.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10780.00
25. SUBTOTAL (add Line 23 and Line 24).....	11587.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9235.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2352.01

**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 16
	<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. James Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2014	
Mailing Address 7054 N CR 900 W		Transaction ID : SA11AI.4287	
City State Zip Code Deputy IN 47230	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00		
Name of Employer Occupation Retired	Amount of Each Receipt this Period 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Thomas P Wolf		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2014	
Mailing Address 3015 Julian Dr		Transaction ID : SA11AI.4336	
City State Zip Code New Albany IN 47150	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00		
Name of Employer Occupation Retired	Amount of Each Receipt this Period 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		
Name of Employer Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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 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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 9th Dist Democratic Central Committee		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1135 West St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4389
City New Albany	State IN	
Zip Code 47150	Purpose of Disbursement Dinner	Category/ Type 007
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) B. CFO Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1 Park Row		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4273
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Contract - final payment	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) c. Jewett Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 219 West Main St		Amount of Each Disbursement this Period 467.06 Transaction ID : SB17.4274
City Farmersburg	State IN	
Zip Code 47850	Purpose of Disbursement Postcards	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

SUBTOTAL of Disbursements This Page (optional).....	5967.06
TOTAL This Period (last page this line number only).....	

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

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

Full Name (Last, First, Middle Initial) A. Jewett Printng		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 219 West Main St		Amount of Each Disbursement this Period 934.69 Transaction ID : SB17.4384
City Farmersburg State IN Zip Code 47850	Purpose of Disbursement Postcards 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. Jewett Printng		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 219 West Main St		Amount of Each Disbursement this Period 135.61 Transaction ID : SB17.4385
City Farmersburg State IN Zip Code 47850	Purpose of Disbursement Business cards 006 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 checked="" type="checkbox"/> Primary <input 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 01 / 07 / 2014
Mailing Address 3701 Communications Way		Amount of Each Disbursement this Period 72.40 Transaction ID : SB17.4270
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

SUBTOTAL of Disbursements This Page (optional).....	1142.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 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)
BILL BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Metronet		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 3701 Communications Way		Amount of Each Disbursement this Period 74.63 Transaction ID : SB17.4275
City Evansville	State IN	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. Metronet		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 3701 Communications Way		Amount of Each Disbursement this Period 70.56 Transaction ID : SB17.4376
City Evansville	State IN	
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 checked="" type="checkbox"/> Primary <input 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 03 / 18 / 2014
Mailing Address 3701 Communications Way		Amount of Each Disbursement this Period 70.21 Transaction ID : SB17.4388
City Evansville	State IN	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	215.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 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)
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 03 / 27 / 2014
Mailing Address PO Box 92		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4395
City Bloomington	State IN	
Zip Code 47402	Purpose of Disbursement Dinner	Category/ Type 007
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) B. Royalty Properties, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1000 D Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4271
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

Full Name (Last, First, Middle Initial) c. Royalty Properties, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1000 D Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4276
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IN District: 09	

SUBTOTAL of Disbursements This Page (optional).....	750.00
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 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)
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 02 / 25 / 2014
Mailing Address 1000 D Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4377
City Seymour	State IN	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

Full Name (Last, First, Middle Initial) B. Royalty Properties, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 1000 D Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4393
City Seymour	State IN	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN	District: 09	

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	
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).....	500.00
TOTAL This Period (last page this line number only).....	8575.16

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/10.4209

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

599.20

0.00

599.20

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 31 / 2013

M M / D D / Y Y Y Y
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)..... ▶

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
 Primary
 General
 Other (specify) ▼

Mailing Address
715 WENDEMERE DR

City State ZIP Code
SEYMOUR IN 47274

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

TERMS

Date Incurred: M 11 / D 01 / 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)..... ▶ [] 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

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4211**

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 106.99	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 106.99
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: M 11 / D 02 / 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)..... ▶ 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
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TERMS

Date Incurred: M 11 / D 06 / 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)..... ▶ 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**

NAME OF COMMITTEE (In Full) **BILL BAILEY FOR CONGRESS** Transaction ID : **SC/10.4269**

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

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)	<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).....	6000.00
TOTALS This Period (last page in this line only).....	8158.14

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