

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE  
Office Use Only JAN 21 AM 10:47

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Bob Quast for Term Limits, Inc.

ADDRESS (number and street) P O Box 8  
Check if different than previously reported. (ACC) Davenport IA 52805-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C00562769 3. IS THIS REPORT X NEW (N) OR AMENDED (A) IA 00

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
X January 31 Year-End Report (YE)  
Termination Report (TER)  
(b) 12-Day PRE-Election Report for the:  
Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)  
Election on M M / in the State of  
(c) 30-Day POST-Election Report for the:  
General (30G) Runoff (30R) Special (30S)  
Election on M M / in the State of

5. Covering Period 10 01 2014 through 12 31 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 Michael J. Roelens, Sr.  
Signature of Treasurer [Signature] Date 01 14 2015

15020033579

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Bob Quast for Term Limits, Inc.

Report Covering the Period:

From:

10<sup>M</sup> 01<sup>D</sup> 2014<sup>Y</sup>

To:

12<sup>M</sup> 31<sup>D</sup> 2014<sup>Y</sup>

	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)) ..	, , 0.00	, , 938.55
(b) Total Contribution Refunds (from Line 20(d)) ..	, , 0.00	, , 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	, , 0.00	, , 938.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	, , 30.46	, , 19294.76
(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))...	, , 30.46	, , 19294.76
8. Cash on Hand at Close of Reporting Period (from Line 27)...	, , 1,643.79	
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) ..	, , 20,000.00	

## For further information contact:

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

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

15020033580

# DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Bob Quast for Term Limits, Inc.

Report Covering the Period:

From:

10 01 2014

To:

12 31 2014

## 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)...

0.00 500.00

(ii) Unitemized .....

0.00 438.55

(iii) TOTAL of contributions  
from individuals

0.00 938.55

(b) Political Party Committees...

0.00 0.00

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

0.00 0.00

(d) The Candidate .....

0.00 0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

0.00 938.55

### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00 0.00

### 13. LOANS:

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

0.00 20,000.00

(b) All Other Loans...

0.00 0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00 20,000.00

### 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)...

0.00 20,938.55

15020033581

# DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	, , 30.46	, , 19,294.76
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) ►	, , 30.46	, , 19,294.76

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	, , 1,674.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	, , 0.00
25. SUBTOTAL (add Line 23 and Line 24)...	, , 1,674.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	, , 30.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	, , 1,643.79

15020033582

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **5** OF **7**

<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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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)

*Bob Quast for Term Limits, Inc.*

Full Name (Last, First, Middle Initial)

A. *Legal Zoom, com*

Date of Disbursement

Mailing Address

*9900 Spectrum Dr.*

*10 01 2014*

City

*Austin*

State

*TX*

Zip Code

*78717*

Amount of Each Disbursement this Period

*7.99*

Purpose of Disbursement

*Legal services*

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Full Name (Last, First, Middle Initial)

B. *Legal Zoom, com*

Date of Disbursement

Mailing Address

*9900 Spectrum Dr.*

*11 01 2014*

City

*Austin*

State

*TX*

Zip Code

*78717*

Amount of Each Disbursement this Period

*7.99*

Purpose of Disbursement

*Legal services*

Candidate Name

Category/  
Type

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. *Legal Zoom, com*

Date of Disbursement

Mailing Address

*9900 Spectrum Dr.*

*12 01 2014*

City

*Austin*

State

*TX*

Zip Code

*78717*

Amount of Each Disbursement this Period

*7.99*

Purpose of Disbursement

*Legal services*

Candidate Name

Category/  
Type

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).....

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

15020033583

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **7**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Bob Quast for Term Limits, Inc.*

Full Name (Last, First, Middle Initial)

A. *US Postal Service*

Mailing Address

*Davenport MPO*

City *Davenport*

State *IA*

Zip Code *52802*

Purpose of Disbursement

*postage*

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

*10 14 2014*

Amount of Each Disbursement this Period

*6.49*

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

*30.46*

15020033584

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 7 OF 7

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Bob Quast for Term Limits, Inc.

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

Quast, Robert S.

Election:

☐ Primary

☒ General

☐ Other (specify) \_\_\_\_\_

Mailing Address

P O Box 8

City

Davenport

State

IA

ZIP Code

52805

Original Amount of Loan

20,000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20,000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04 01 2014 12 31 2014 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)...

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

15020033585

Bob Quast for Term  
PO Box 8  
Davenport, IA 52805

FEC Form 3



7014 1820 0002 0633 4928



1000



20013

U.S. POSTAGE  
PAID  
DAVENPORT, IA  
52802-15  
AMOUNT  
\$6.91  
00089988-07

SCREENED  
BY THE SENATE  
POST OFFICE

Office of Public Records  
PO Box 77578  
Washington, DC 20013-7578

98552002051



NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HARY SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

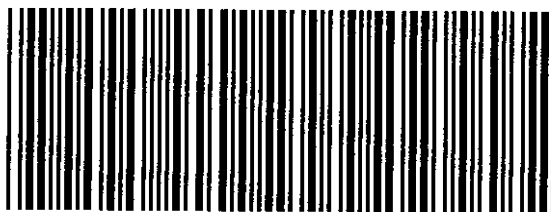
PREPARER

*MN*

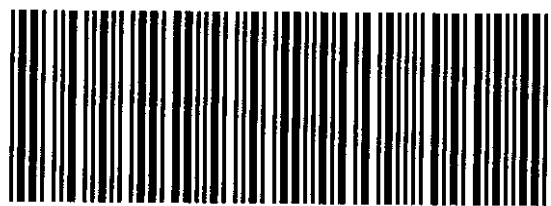
DATE PREPARED

*1/21/15*

15020033587



SEN PATCH



SEN PATCH

15020033588