

Image# 11990285662

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Mr. Robert T Schilling

(b) Address (number and street)

1 Goembel Court

(c) City, State and ZIP Code

Colona

IL

61241

 Check if address changed

2. Identification Number

H0IL17059

3. Is This Statement New (N) **OR** Amended (A)

4. Party Affiliation

REPUBLICAN PARTY

5. Office Sought

House

6. State & District of Candidate

IL 17

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE:This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Bobby Schilling for Congress

(b) Address (number and street)

367 Avenue of The Cities Suite D

(c) City, State and ZIP Code

East Moline

IL

61244

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Lucky 13 Joint Fundraising Committee

(b) Address (number and street)

228 S. Washington St, Suite 115

(c) City, State and ZIP Code

Washington

DC

22314

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

Signature of Candidate

Mr. Robert T Schilling

Date

03/13/2011

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

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