

# 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  
**SCHOCK FOR CONGRESS**

ADDRESS (number and street) PO BOX 10555  
 Check if different than previously reported. (ACC) PEORIA IL 61612

2. **FEC IDENTIFICATION NUMBER** C C00437756 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
IL 18

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 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 Paul Kilgore

Signature of Treasurer Paul Kilgore [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 06 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**SCHOCK FOR CONGRESS**

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

	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))....	0.00	140673.64
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	64925.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	75748.64
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	116670.04	3120472.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	188.40	36798.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	116481.64	3083673.90
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	442408.17	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	746985.45	

**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

**SCHOCK FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	73700.00
(ii) Unitemized.....	0.00	10400.00
(iii) TOTAL of contributions from individuals ▶	0.00	84100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	56573.64
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	140673.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	33882.71
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	188.40	36798.10
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	380.77	79212.31
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	569.17	290566.76

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116670.04	3120472.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	250.00
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	58925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	64925.00
21. OTHER DISBURSEMENTS .....	0.00	21600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	116670.04	3207247.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	558509.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	569.17
25. SUBTOTAL (add Line 23 and Line 24).....	559078.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116670.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	442408.17

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

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NAME OF COMMITTEE (In Full)  
**SCHOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CEFCU Citizens Equity Federal Credit Union**

Mailing Address PO Box 1715

City Peoria State IL Zip Code 61656

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
195.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2016

**Transaction ID : SA15.4142**

Amount of Each Receipt this Period  
195.32

Memo Item  
 Bank Interest

**B.** Full Name (Last, First, Middle Initial)  
**CEFCU Citizens Equity Federal Credit Union**

Mailing Address PO Box 1715

City Peoria State IL Zip Code 61656

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
288.79

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016

**Transaction ID : SA15.4148**

Amount of Each Receipt this Period  
93.47

Memo Item  
 Bank Interest

**C.** Full Name (Last, First, Middle Initial)  
**CEFCU Citizens Equity Federal Credit Union**

Mailing Address PO Box 1715

City Peoria State IL Zip Code 61656

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
380.77

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : SA15.4184**

Amount of Each Receipt this Period  
91.98

Memo Item  
 Bank Interest

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

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

380.77

380.77

**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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Berke Farah LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016		
Mailing Address 1200 New Hampshire Ave NW, Ste 800			Amount of Each Disbursement this Period 1829.00		
City Washington	State DC	Zip Code 20036	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : <b>SB17.4127</b>		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Berke Farah LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016		
Mailing Address 1200 New Hampshire Ave NW, Ste 800			Amount of Each Disbursement this Period 4661.00		
City Washington	State DC	Zip Code 20036	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Legal Fees		Category/ Type	Transaction ID : <b>SB17.4174</b>		
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) <b>C. Berliner Corcoran and Rowe LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016		
Mailing Address 1101 17th St NW, Ste 1100			Amount of Each Disbursement this Period 16152.84		
City Washington	State DC	Zip Code 20036	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : <b>SB17.4129</b>		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22642.84
<b>TOTAL</b> 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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Karen Haney</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 5502 N Ramblewood Ct		Amount of Each Disbursement this Period 4968.17
City Peoria State IL Zip Code 61615	Purpose of Disbursement Salary Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4144</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Karen Haney</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 5502 N Ramblewood Ct		Amount of Each Disbursement this Period 181.48
City Peoria State IL Zip Code 61615	Purpose of Disbursement See Below Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.4159</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 134.46
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.4159.0</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5149.65
<b>TOTAL</b> 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 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Karen Haney</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016		
Mailing Address 5502 N Ramblewood Ct			Amount of Each Disbursement this Period 4968.17		
City Peoria	State IL	Zip Code 61615	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name			Transaction ID : <b>SB17.4163</b>		
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>B. Karen Haney</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016		
Mailing Address 5502 N Ramblewood Ct			Amount of Each Disbursement this Period 91.21		
City Peoria	State IL	Zip Code 61615	Memo Item <input type="checkbox"/>		
Purpose of Disbursement See Below-No Itemization Necessary		Category/ Type			
Candidate Name			Transaction ID : <b>SB17.4180</b>		
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>C. Hunziker, Heck &amp; Schneiderheinze</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016		
Mailing Address 416 Main Street			Amount of Each Disbursement this Period 5000.00		
City Peoria	State IL	Zip Code 61602	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Legal Fees		Category/ Type			
Candidate Name			Transaction ID : <b>SB17.4155</b>		
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10059.38
<b>TOTAL</b> 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Illinois Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 101 W Jefferson St			Amount of Each Disbursement this Period 243.75	
City Springfield	State IL	Zip Code 62702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxes		Category/ Type 001	Transaction ID : SB17.4135	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Illinois Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 101 W Jefferson St			Amount of Each Disbursement this Period 243.75	
City Springfield	State IL	Zip Code 62702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxes		Category/ Type 001	Transaction ID : SB17.4152	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Illinois Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016	
Mailing Address 101 W Jefferson St			Amount of Each Disbursement this Period 243.75	
City Springfield	State IL	Zip Code 62702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Taxes		Category/ Type	Transaction ID : SB17.4173	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	731.25
<b>TOTAL</b> 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Illinois Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 101 W Jefferson St		Amount of Each Disbursement this Period 820.00
City Springfield	State IL Zip Code 62702	
Purpose of Disbursement Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4178</b>

Full Name (Last, First, Middle Initial) <b>B. Illinois Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 101 W Jefferson St		Amount of Each Disbursement this Period 760.00
City Springfield	State IL Zip Code 62702	
Purpose of Disbursement Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.4179</b>

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 111 Constitution Ave NE		Amount of Each Disbursement this Period 1785.13
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Taxes	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	<b>Transaction ID : SB17.4139</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3365.13
<b>TOTAL</b> 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)  
**SCHOCK FOR CONGRESS**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 Constitution Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Taxes  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2016

Amount of Each Disbursement this Period: 142.25

Memo Item

Transaction ID : SB17.4141

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 Constitution Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Taxes  001 Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2016

Amount of Each Disbursement this Period: 1785.13

Memo Item

Transaction ID : SB17.4151

**C. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 Constitution Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Taxes  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2016

Amount of Each Disbursement this Period: 1785.33

Memo Item

Transaction ID : SB17.4172

**SUBTOTAL** of Disbursements This Page (optional) ..... 3712.71

**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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 111 Constitution Ave NE			Amount of Each Disbursement this Period 1455.04	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Memo Item	
Purpose of Disbursement 1120 Tax Payment		Candidate Name	Transaction ID : <b>SB17.4187</b>	
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>B. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016	
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 43.56	
City Mountain View	State CA	Zip Code 94043	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Payroll Fees		Candidate Name	Transaction ID : <b>SB17.4137</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Lane &amp; Waterman</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016	
Mailing Address 220 North Main Street Ste 600			Amount of Each Disbursement this Period 9766.50	
City Davenport	State IA	Zip Code 52801	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Legal Fees		Candidate Name	Transaction ID : <b>SB17.4177</b>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11265.10
<b>TOTAL</b> 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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Luntz Global Partners LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 9165 Key Commons Ct			Amount of Each Disbursement this Period 10000.00	
City Manassas	State VA	Zip Code 20110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Communications Consulting		Category/Type 001		
Candidate Name			Transaction ID : SB17.4149	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Newtek Merchant Solution</b>			Date of Disbursement MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 744 N 4th St			Amount of Each Disbursement this Period 62.80	
City Milwaukee	State WI	Zip Code 53203	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC Transaction Fees		Category/Type 001		
Candidate Name			Transaction ID : SB17.4133	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Venable LLP</b>			Date of Disbursement MM / DD / YYYY 01 / 17 / 2016	
Mailing Address PO Box 62727			Amount of Each Disbursement this Period 20000.00	
City Baltimore	State MD	Zip Code 21264	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Legal Fees		Category/Type 001		
Candidate Name			Transaction ID : SB17.4131	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	30062.80
<b>TOTAL</b> 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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 659.78
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.4153</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 274.11
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.4167</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2016
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 79.31
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.4164</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.20
<b>TOTAL</b> 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 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)  
**SCHOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. XACT Data</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2016</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		11		2016
M M	/	D D	/	Y Y Y Y									
03		11		2016									
Mailing Address PO Box 6594		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Carol Stream</td> <td>IL</td> <td>60197</td> </tr> </table>		City	State	Zip Code	Carol Stream	IL	60197	<table border="1"> <tr> <td>28396.64</td> </tr> </table>		28396.64			
City	State	Zip Code											
Carol Stream	IL	60197											
28396.64													
Purpose of Disbursement Document Work		<input type="checkbox"/> Memo Item											
Candidate Name		Transaction ID : <b>SB17.4185</b>											
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought:	House	Disbursement For:											
	Senate												
	President												
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B.</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>					
City	State	Zip Code											
Purpose of Disbursement		<input type="checkbox"/> Memo Item											
Candidate Name													
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought:	House	Disbursement For:											
	Senate												
	President												
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C.</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		City	State	Zip Code				<table border="1"> <tr> <td></td> </tr> </table>					
City	State	Zip Code											
Purpose of Disbursement		<input type="checkbox"/> Memo Item											
Candidate Name													
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought:	House	Disbursement For:											
	Senate												
	President												
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28396.64
<b>TOTAL</b> This Period (last page this line number only).....	116398.70

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**SCHOCK FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jones Day**

Mailing Address 51 Louisiana Ave NW

City State Zip Code  
 Washington DC 20001

Nature of Debt (Purpose):  
 Legal Fees

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4191</b>	
746985.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	746985.45	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	746985.45
2) <b>TOTALS</b> This Period (last page this line number only) .....	746985.45
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	746985.45