

**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

Robin Kelly for Congress

ADDRESS (number and street)

P.O. Box 6953

Check if different  
than previously  
reported. (ACC)

Chicago

IL

60680

2. FEC IDENTIFICATION NUMBER ▼

C

C00539866

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IL

02

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  
03 / 18 / 2013in the  
State of

IL

(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 / 2014

through

M M / D D / Y Y Y Y  
02 / 26 / 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 Ryan Vanmeter

Signature of Treasurer

Ryan Vanmeter

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
03 / 06 / 2014

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 33

Write or Type Committee Name

**Robin Kelly for Congress**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 6 |   | 2 | 0 | 1 | 4 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 21945.00                | 275746.78                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 5000.00                 | 5000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 16945.00                | 270746.78                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 31096.38                | 263778.75                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 31096.38                | 263778.75                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 121665.90               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 3500.00                 |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 5000.00                 |                                    |

**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)

PAGE 3 / 33

Write or Type Committee Name

Robin Kelly for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 6 |   | 2 | 0 | 1 | 4 |

**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).....

15200.00

98420.84

(ii) Unitemized.....

2495.00

18216.94

(iii) TOTAL of contributions from individuals ▶

17695.00

116721.78

(b) Political Party Committees.....

0.00

0.00

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

4250.00

159025.00

(d) The Candidate.....

0.00

0.00

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

21945.00

275746.78

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

0.00

0.00

**13. LOANS:**

(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

**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)..... ▶

21945.00

275746.78

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 33

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 31096.38                      | 263778.75                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 5000.00                            |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 5000.00                       | 5000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 5000.00                       | 5000.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 250.00                        | 9270.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 36346.38                      | 283048.75                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 136067.28 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 21945.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 158012.28 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 36346.38  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 121665.90 |

# **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 33

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Robin Kelly for Congress**

|                                                                                                                                               |                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Navjot Bajwa</b>                                                                                |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |
| Mailing Address 2801 S. King Drive,<br>Apt 617                                                                                                |                                   | Transaction ID : C9577317                                |
| City<br>Chicago                                                                                                                               | State<br>IL                       |                                                          |
| Zip Code<br>60616-2979                                                                                                                        |                                   | Amount of Each Receipt this Period<br>1500.00            |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |
| Name of Employer<br>Ocean Mist Inc                                                                                                            | Occupation<br>CEO                 |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2100.00 |                                                          |

|                                                                                                                                               |                                  |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Robert Brumbaugh</b>                                                                            |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 20 / 2014 |
| Mailing Address 715 Bordeaux Court                                                                                                            |                                  | Transaction ID : C9576665                                |
| City<br>Inverness                                                                                                                             | State<br>IL                      |                                                          |
| Zip Code<br>60010                                                                                                                             |                                  | Amount of Each Receipt this Period<br>500.00             |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |
| Name of Employer<br>Progress Bar                                                                                                              | Occupation<br>Owner              |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |                                                          |

|                                                                                                                                               |                                  |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Chahal Bros, LLC.</b>                                                                           |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |
| Mailing Address 7284 W. Appleton Avenue                                                                                                       |                                  | Transaction ID : C9577333                                |
| City<br>Milwaukee                                                                                                                             | State<br>WI                      |                                                          |
| Zip Code<br>53216                                                                                                                             |                                  | Amount of Each Receipt this Period<br>500.00             |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |
| Name of Employer                                                                                                                              | Occupation                       |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00 |                                                          |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 6 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

Michael E. Fisher

A.

Mailing Address 11609 S Maplewood Ave

City

Chicago

State

IL

Zip Code

60655-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTRY FinancialOccupation  
VP Mkt Dev

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    |   | 07    |   | 2014      |

Transaction ID : C9537343

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JoDean Furlong

B.

Mailing Address 2237 N. Dayton

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

Transaction ID : C9589300

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Haywood and Fleming Associates

C.

Mailing Address 650 S. Lake Street

City

Gary

State

IN

Zip Code

46403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 21    |   | 2014      |

Transaction ID : C9577349

Amount of Each Receipt this Period

250.00

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

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

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

Kym M. Jackson-Hubbard

Mailing Address 630 N State Street,  
Apt 2708

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60654-5583 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ernst & YoungOccupation  
CIO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

Transaction ID : C9589293

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jack A. Johnson

Mailing Address 1313 W Wolfram St  
# 2

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60657-4114 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Choose ChicagoOccupation  
Senior Vice President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 11    |   | 2014      |

Transaction ID : C9569374

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Jaspal S. Kaler

Mailing Address 1401 Brownstone Place

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Schaumburg | IL    | 60193    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pan-Oceanic Engineering Co. Inc.Occupation  
Field Superintendent

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 21    |   | 2014      |

Transaction ID : C9577323

Amount of Each Receipt this Period

500.00

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

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

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 33  
 (check only one)  
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Robin Kelly for Congress**

|                                                                                                                                               |                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Jatinder Kaler</b>                                                                              |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |
| Mailing Address 1401 Brownstone Pl<br>Apt 302                                                                                                 |                                     | Transaction ID : C9577325                                |
| City<br>Schaumburg                                                                                                                            | State<br>IL                         |                                                          |
| Zip Code<br>60193-3533                                                                                                                        |                                     | Amount of Each Receipt this Period<br>500.00             |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     |                                                          |
| Name of Employer<br>Information Requested                                                                                                     | Occupation<br>Information Requested |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>600.00    |                                                          |

|                                                                                                                                               |                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>Lisa J. King</b>                                                                                |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 20 / 2014 |
| Mailing Address 4812 S. Woodlawn Avenue                                                                                                       |                                     | Transaction ID : C9576673                                |
| City<br>Chicago                                                                                                                               | State<br>IL                         |                                                          |
| Zip Code<br>60615                                                                                                                             |                                     | Amount of Each Receipt this Period<br>2600.00            |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                     |                                                          |
| Name of Employer<br>Information Requested                                                                                                     | Occupation<br>Information Requested |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2600.00   |                                                          |

|                                                                                                                                               |                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>William A. Lowry</b>                                                                            |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |
| Mailing Address 4459 S. Lake Park Avenue                                                                                                      |                                   | Transaction ID : C9589298                                |
| City<br>Chicago                                                                                                                               | State<br>IL                       |                                                          |
| Zip Code<br>60653-4187                                                                                                                        |                                   | Amount of Each Receipt this Period<br>500.00             |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |
| Name of Employer<br>Nyhan, Pfister, Bambrick & Lowry PC                                                                                       | Occupation<br>Attorney            |                                                          |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00 |                                                          |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Robin Kelly for Congress**

A. Full Name (Last, First, Middle Initial)  
**Metro Technology Laboratory, LLC.**

Mailing Address 348 N. Ashland Avenue,  
Suite 2C

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 21 2014

Transaction ID : C9577312

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)  
**Aimee A. Pine**

Mailing Address 3751 N. Halsted Street,  
Apt 201

City State Zip Code  
Chicago IL 60613-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Illinois Lt. Governor Sheila Simon

Director of External Affairs

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y  
02 20 2014

Transaction ID : C9576664

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)  
**Juliette W. Pryor**

Mailing Address 10.6 E. 48th Street

City State Zip Code  
Chicago IL 60615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

US Foods

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
02 24 2014

Transaction ID : C9589296

Amount of Each Receipt this Period

300.00

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

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

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

James Reynolds Jr.

Mailing Address 8759 S. Kimbark Avenue

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loop Capital Markets, LLC

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

Transaction ID : C9589291

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Eric Roberson

Mailing Address 914 N Hermitage Ave  
Unit 1

City

Chicago

State

IL

Zip Code

60622-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urban Partnership Bank

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 26    |   | 2014      |

Transaction ID : C9592594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Victoria E. Rock

Mailing Address 4822 Fair Elms

City

Western Springs

State

IL

Zip Code

60558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 21    |   | 2014      |

Transaction ID : C9577171

Amount of Each Receipt this Period

250.00

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

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

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 11 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Bill Saxelby

Mailing Address 1108 New Castle Dr

City

Libertyville

State

IL

Zip Code

60048-5319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Landauer, Inc

Occupation

General Management

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 30    |   | 2014        |

Transaction ID : C9556346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joshua Schwartz

Mailing Address 4901 S Kimbark Avenue

City

Chicago

State

IL

Zip Code

60615-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RPA

Occupation

Financial Services

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3850.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 17    |   | 2014        |

Transaction ID : C9574158

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Joshua Schwartz

Mailing Address 4901 S Kimbark Avenue

City

Chicago

State

IL

Zip Code

60615-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RPA

Occupation

Financial Services

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3850.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 21    |   | 2014        |

Transaction ID : C9588449

Amount of Each Receipt this Period

500.00

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

1500.00

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

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 12 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

Zaldwaynaka L. Scott

Mailing Address 6910 S. Euclid Avenue

City

Chicago

State

IL

Zip Code

60649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaye Scholer

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2014        |

Transaction ID : C9589292

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Adrian Soto

Mailing Address 1140 W. 17th Street,  
Apt. 2

City

Chicago

State

IL

Zip Code

60608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 21    |   | 2014        |

Transaction ID : C9577315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Evonne W. Taylor

Mailing Address 4900 S. Woodlawn Avenue

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2014        |

Transaction ID : C9589294

Amount of Each Receipt this Period

500.00

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

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

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 33

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

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NAME OF COMMITTEE (In Full)  
**Robin Kelly for Congress**Full Name (Last, First, Middle Initial)  
**A. Deborah Telman**

Mailing Address 4845 S Ellis Avenue

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60615-1809 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AbbottOccupation  
Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 24    |   | 2014        |

Transaction ID : C9589360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**B. Letty Velez**

Mailing Address 406 Suffolk Ln

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Oak Brook | IL    | 60523    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chicago Mini Bus TravelOccupation  
President / CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 21    |   | 2014        |

Transaction ID : C9577308

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)  
**C. Letty Velez**

Mailing Address 406 Suffolk Ln

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Oak Brook | IL    | 60523    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chicago Mini Bus TravelOccupation  
President / CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 21    |   | 2014        |

Transaction ID : C9577335

Amount of Each Receipt this Period

400.00

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

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

1500.00

# **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 14 OF 33

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Robin Kelly for Congress**

|                                                                                                                                               |                                  |                                                          |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Cosette Yisrael</b>                                                                   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |                                              |
| Mailing Address 1507 E 53rd Street,<br>Suite 904                                                                                              |                                  | <b>Transaction ID : C9577347</b>                         |                                              |
| City Chicago                                                                                                                                  | State IL                         | Zip Code 60615                                           | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |                                              |
| Name of Employer<br>The LUV Institute                                                                                                         | Occupation<br>Executive Director |                                                          |                                              |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |                                                          |                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)                                                                                             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y                   |                                              |
| Mailing Address                                                                                                                               |                                  |                                                          |                                              |
| City                                                                                                                                          | State                            | Zip Code                                                 | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |                                              |
| Name of Employer                                                                                                                              | Occupation                       |                                                          |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Election Cycle-to-Date           |                                                          |                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                                             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y                   |                                              |
| Mailing Address                                                                                                                               |                                  |                                                          |                                              |
| City                                                                                                                                          | State                            | Zip Code                                                 | Amount of Each Receipt this Period           |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                  |                                                          |                                              |
| Name of Employer                                                                                                                              | Occupation                       |                                                          |                                              |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                 | Election Cycle-to-Date           |                                                          |                                              |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                  | 250.00                                                   |                                              |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                  | 15200.00                                                 |                                              |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Robin Kelly for Congress**

Full Name (Last, First, Middle Initial)

**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**Mailing Address **1111 14TH STREET, NW****SUITE 1100**

City

**WASHINGTON**

State

**DC**

Zip Code

**20005**FEC ID number of contributing  
federal political committee.**C** **C00000729**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 20    |   | 2014      |

**Transaction ID : C9576680**

Amount of Each Receipt this Period

**2000.00**

Full Name (Last, First, Middle Initial)

**BMO Harris**Mailing Address **111 W. MONROE****P.O. BOX 755**

City

**CHICAGO**

State

**IL**

Zip Code

**60603**FEC ID number of contributing  
federal political committee.**C** **C00086256**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

**Transaction ID : C9589301**

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)

**Drinker Biddle Political Action Committee**Mailing Address **1500 K STREET NW****SUITE 1100**

City

**WASHINGTON**

State

**DC**

Zip Code

**20005**FEC ID number of contributing  
federal political committee.**C** **C00370759**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 24    |   | 2014      |

**Transaction ID : C9589297**

Amount of Each Receipt this Period

**1000.00****SUBTOTAL** of Receipts This Page (optional).....**3250.00****TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 16 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

Realtors Political Action Committee

Mailing Address 430 NORTH MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 24    |   | 2014        |

Transaction ID : C9549380

Amount of Each Receipt this Period

1000.00

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

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

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

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Amount of Each Receipt this Period

1000.00

4250.00

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

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Advanced Network Strategies**Mailing Address 236 Mass. Ave., NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3535.00 |
|---------|

Transaction ID : D520856

**B. Alaska Air**

Mailing Address P.O. Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement  
Travel (Airfare)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 14  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 240.00 |
|--------|

Transaction ID : D520863

**C. AT&T Wireless**

Mailing Address 168 N State Street

City Chicago State IL Zip Code 60601-3505

Purpose of Disbursement  
Mobile Phones

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 14  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 172.54 |
|--------|

Transaction ID : D520864

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

3947.54

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. CFO - Compliance**

Mailing Address One Park Row, Suite 5

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Providence | RI    | 02903    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1400.00 |
|---------|

Purpose of Disbursement  
Compliance ConsultingCategory/  
Type

Transaction ID : D520865

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input 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: District:

Full Name (Last, First, Middle Initial)

**B. City Club Of Chicago**Mailing Address 400 N Michigan Ave  
Ste 805

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 17  |   | 2014    |

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60611-4164 |

Amount of Each Disbursement this Period

|       |
|-------|
| 45.00 |
|-------|

Purpose of Disbursement  
MealsCategory/  
Type

Transaction ID : D520841

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input 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: District:

Full Name (Last, First, Middle Initial)

**C. Com Ed**

Mailing Address 1 Bank One Plz

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60670    |

Amount of Each Disbursement this Period

|        |
|--------|
| 289.72 |
|--------|

Purpose of Disbursement  
UtilitiesCategory/  
Type

Transaction ID : D520854

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input 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: District:

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

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

1734.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Deep Blue Strategies**

Mailing Address 2130 W Chicago Ave # 2F

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60622    |

Purpose of Disbursement  
Field Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : D520970

**B. Executive Taxi Cab**

Mailing Address 218 N Washington St., #19

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Easton | MD    | 21601    |

Purpose of Disbursement  
Cand. Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 18  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 210.00 |
|--------|

Transaction ID : D520868

**C. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 32.05 |
|-------|

Transaction ID : D520843

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

2242.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 84.49 |
|-------|

Transaction ID : D520844

**B. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 128.73 |
|--------|

Transaction ID : D520845

**C. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 24.00 |
|-------|

Transaction ID : D520846

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

237.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 136.40 |
|--------|

Transaction ID : D520847

**B. First Bank Merchant Services**

Mailing Address P.O Box 407066

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Fort Lauderdale | FL    | 33340    |

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 03  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 236.48 |
|--------|

Transaction ID : D520848

**c. Hyatt Hotels**

Mailing Address 100 Heron Blvd

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Cambridge | MD    | 21613    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1150.00 |
|---------|

Transaction ID : D520877

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

1522.88

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Hyatt Hotels**

Mailing Address 100 Heron Blvd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 18  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Cambridge | MD    | 21613    |

Amount of Each Disbursement this Period

|       |
|-------|
| 44.10 |
|-------|

Purpose of Disbursement  
Event Expenses (Fundraising)Category/  
Type

Transaction ID : D520878

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Joe's Seafood, Prime Steak & Stone Crab**

Mailing Address 750 15th St NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

Amount of Each Disbursement this Period

|        |
|--------|
| 375.00 |
|--------|

Purpose of Disbursement  
Catering (Fundraising)Category/  
Type

Transaction ID : D520879

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. KNI Communications**

Mailing Address 802 North Broadway, Suite 200

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60640    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1937.48 |
|---------|

Purpose of Disbursement  
Communications ConsultingCategory/  
Type

Transaction ID : D520880

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

2356.58

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Michael Kreloff**Mailing Address 1926 Waukegan Rd  
Ste 310

City Glenview State IL Zip Code 60025-1770

Purpose of Disbursement  
Payroll Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3750.00 |
|---------|

Transaction ID : D520837

**B. Mid City Printing**

Mailing Address 5526 W Montrose Ave

City Chicago State IL Zip Code 60641-1330

Purpose of Disbursement  
Printing (Fundraising)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 632.00 |
|--------|

Transaction ID : D520839

**C. National Democratic Club**

Mailing Address 30 Ivy St SE Washington, D.C., DC

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 186.88 |
|--------|

Transaction ID : D520857

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

4568.88

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. National Democratic Club**

Mailing Address 30 Ivy St SE Washington, D.C., DC

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.00 |
|-------|

Transaction ID : D520858

**B. National Democratic Club**

Mailing Address 30 Ivy St SE Washington, D.C., DC

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 63.13 |
|-------|

Transaction ID : D520859

**C. National Democratic Club**

Mailing Address 30 Ivy St SE Washington, D.C., DC

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 10.00 |
|-------|

Transaction ID : D520860

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

83.13



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. NFLPlayers.com**

Mailing Address 280 Park Avenue

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Culver City | CA    | 90232    |

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 29  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Transaction ID : D520882

**B. Party City**

Mailing Address 25 Green Pond Road # 1

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Rockaway | NJ    | 07866    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 271.63 |
|--------|

Transaction ID : D520883

**C. Pie Hole Pizza Joint**

Mailing Address 3477 North Broadway

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60657    |

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 163.11 |
|--------|

Transaction ID : D520884

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

2834.74

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Pie Hole Pizza Joint**

Mailing Address 3477 North Broadway

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60657    |

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 34.62 |
|-------|

Transaction ID : D520885

**B. Pie Hole Pizza Joint**

Mailing Address 3477 North Broadway

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60657    |

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 39.62 |
|-------|

Transaction ID : D520886

**C. Powell Photography**Mailing Address 531 S Plymouth Ct  
Ste 101

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Chicago | IL    | 60605-1510 |

Purpose of Disbursement  
Photographer (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 834.99 |
|--------|

Transaction ID : D520838

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

909.23

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Sean Schindl**

Mailing Address 24 E. Madison Street

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lombard | IL    | 60148    |

Purpose of Disbursement  
Payroll Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Transaction ID : D520849

**B. Sean Schindl**

Mailing Address 24 E. Madison Street

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lombard | IL    | 60148    |

Purpose of Disbursement  
Payroll Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 14  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Transaction ID : D520850

**c. Solavei**Mailing Address 10500 NE 8th Street  
Suite 1300

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Bellevue | WA    | 98004    |

Purpose of Disbursement  
Web Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 59.58 |
|-------|

Transaction ID : D520851

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

4559.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Solavei**Mailing Address 10500 NE 8th Street  
Suite 1300

City Bellevue State WA Zip Code 98004

Purpose of Disbursement  
Web Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|       |
|-------|
| 59.58 |
|-------|

Transaction ID : D520852

**B. The Sugar Experience**

Mailing Address 425 Massachusetts Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 25  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1110.00 |
|---------|

Transaction ID : D520890

**c. The Sugar Experience**

Mailing Address 425 Massachusetts Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Catering (Fundraising)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 10  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : D520891

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

3169.58

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 33

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

**A. Verizon Center**

Mailing Address 601 F St NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20004    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 26  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1279.61 |
|---------|

Transaction ID : D520892

**B. Verizon Center**

Mailing Address 601 F St NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20004    |

Purpose of Disbursement  
Event Expenses (Fundraising)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 725.34 |
|--------|

Transaction ID : D520893

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|         |
|---------|
| 2004.95 |
|---------|

|          |
|----------|
| 30171.08 |
|----------|





**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 32 OF 33

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L879

Robin Kelly for Congress

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

Dr. Nathaniel Horn

Election: 012

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address

4203 Cedarwood Ln

City

State

ZIP Code

Matteson

IL

60443-1910

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 25 / 2013

Date Due

M M / D D / Y Y Y Y

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)..... ►

3500.00

**TOTALS** This Period (last page in this line only)..... ►

3500.00

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



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 33

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Robin Kelly for Congress**

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

**CFO - Compliance**Nature of Debt (Purpose):  
Compliance Consulting

Mailing Address One Park Row, Suite 5

City State

Zip Code

Providence

RI

02903

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D497499

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

5000.00

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

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

5000.00