

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 Chicago IL 60680 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00539866 3. IS THIS REPORT NEW (N) OR AMENDED (A) X CITY STATE ZIP CODE STATE DISTRICT 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of IL

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/16/2014 through 11/24/2014

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 MM/DD/YYYY 01/31/2015

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 table with 7 empty columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Robin Kelly for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45021.30	679956.66
(b) Total Contribution Refunds (from Line 20(d))	0.00	5500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	45021.30	674456.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	59111.19	505823.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59111.19	505823.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	141498.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Robin Kelly for Congress

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="10249.66"/>	<input type="text" value="204569.50"/>	<input type="text" value="250.00"/>
(ii) Unitemized		
<input type="text" value="3748.00"/>	<input type="text" value="40675.24"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="13997.66"/>	<input type="text" value="245318.74"/>	<input type="text" value="250.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="14.28"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="31023.64"/>	<input type="text" value="434623.64"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 54

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
45021.30	679956.66	250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
45021.30	679956.66	250.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 54

Write or Type Committee Name

Robin Kelly for Congress

 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="59111.19"/>	<input type="text" value="505823.80"/>	<input type="text" value="8467.54"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="125500.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="500.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 54

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	5000.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	5500.00	0.00
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21. OTHER DISBURSEMENTS

6725.00	22395.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

65836.19	659218.80	8467.54
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

45021.30	674456.66	250.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

59111.19	505823.80	8467.54
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	162313.08
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	45021.30
25. SUBTOTAL (add Line 23 and Line 24).....	207334.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65836.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	141498.19

**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 7 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Matthew L. Smarjesse

Mailing Address 1764 Sienna Court

City Wheeling State IL Zip Code 60090-6747

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

Name of Employer Exelon Nuclear Occupation Operations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115810

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James Miller

Mailing Address 869 E Schaumburg Rd Ste 189

City Schaumburg State IL Zip Code 60194-3654

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

Name of Employer mark one it consultants Occupation internet startups consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : C10102800

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carlos D. Estes

Mailing Address 901 E. 104th Street, Apt. 32B

City Chicago State IL Zip Code 60628

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

Name of Employer Let's Talk Let's Test Foundation Occupation Program Coordinator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 07 / 2014

Transaction ID : C10117341

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: (check only one)	PAGE 8 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Jason V. Dansby

Mailing Address 1835 Yale Rd

City State Zip Code
Flossmoor IL 60422-1994

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

Name of Employer Occupation
State of Illinois Labor Relations Admin

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1655.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C10107261

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Kamilah Jones

Mailing Address 1620 S Michigan Ave

City State Zip Code
Chicago IL 60616-1281

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

Name of Employer Occupation
Teach For America VP, Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : C10110051

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lester H McKeever

Mailing Address 4950 S. Chicago Beach Drive,
Apt. 9A

City State Zip Code
Chicago IL 60615

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

Name of Employer Occupation
Washington, Pittman & McKeever Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C10113991

Amount of Each Receipt this Period
250.00

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

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

525.00

**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 9 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Jay S. Readey

Mailing Address 710 Argyle Avenue

City State Zip Code
Flossmoor IL 60422-1204

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

Name of Employer Occupation
Chicago Lawyers' Committee Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
925.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10114001

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
Jennifer I. Artis

Mailing Address 22751 Redwood Drive

City State Zip Code
Richton Park IL 60471

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

Name of Employer Occupation
St. James Hospital Dir. Community Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
775.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115912

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Larry C. Williams

Mailing Address 5417 W Gladys Ave
Apt 3

City State Zip Code
Chicago IL 60644

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

Name of Employer Occupation
State Farm Companies Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10113942

Amount of Each Receipt this Period
250.00

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

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

525.00

**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 10 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Halsted Hospitality LLCDBA Progress Bar

Mailing Address 715 Bordeaux Court

City Inverness	State IL	Zip Code 60010
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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 Y
10		31		2014

Transaction ID : C10113992

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jennifer I. Artis

Mailing Address 22751 Redwood Drive

City Richton Park	State IL	Zip Code 60471
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. James Hospital	Occupation Dir. Community Services
--	---------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : C10099682

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Suleyman Turhanogullari

Mailing Address 995 Apple St

City Hoffman Estates	State IL	Zip Code 60169-4931
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FEC ID number of contributing federal political committee. **C**

Name of Employer Turkish American Federation of Midwest	Occupation President
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : C10115773

Amount of Each Receipt this Period
50.00

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

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

400.00

**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 11 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Michael P. O'Brien

Mailing Address 895 Cobb Blvd.

City State Zip Code
Kankakee IL 60901-5203

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

Name of Employer Occupation
HomeStar Bank & Financial Services Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
802.41

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2014

Transaction ID : C10117223

Amount of Each Receipt this Period
652.41

* In-Kind: Catering Expenses

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
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2014

Transaction ID : C10114003

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Janann Williams

Mailing Address 111 Silverstone

City State Zip Code
Georgetown TX 78633-1961

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

Name of Employer Occupation
McLane Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2014

Transaction ID : C10103963

Amount of Each Receipt this Period
2000.00

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

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

2752.41

**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 12 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Lisa M. Dugan

Mailing Address 1489 Armour Road

City State Zip Code
Bradley IL 60915-1350

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

Name of Employer Occupation
Self Employed Consulting/Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115814

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert E. Ginsburg

Mailing Address 1925 W Waveland Ave

City State Zip Code
Chicago IL 60613-3527

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

Name of Employer Occupation
Center on Work and Community Developme Economic and Financial Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115724

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Joseph Nugent

Mailing Address 1316 Eagle Bluff

City State Zip Code
Bourbonnais IL 60914

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

Name of Employer Occupation
Nugent-Curtis Real Estate Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
322.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : C10117224

Amount of Each Receipt this Period
322.25

* In-Kind: Catering Expenses

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

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

472.25

**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 13 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Paul Miller		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 600 Mulberry Pl		Transaction ID : C10103314
City Highland Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer OSD	Occupation lawyer	275.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Gavin Jackson		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1266 Berry Ln		Transaction ID : C10109864
City Flossmoor	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Christ Universal Temple	Occupation C.O.O.	250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Jim Smith		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3339 Stephenson Pl NW		Transaction ID : C10115825
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Smith Dawson & Andrews	Occupation Public Affairs	2500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1275.00
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: (check only one)	PAGE 14 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Jatinder Singh Kaler

Mailing Address 1401 Brownstone Place,

City State Zip Code
Schaumburg IL 60193-3533

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
700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10114005

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kendal L. Parker

Mailing Address PO Box 1566

City State Zip Code
Chicago IL 60690

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 / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10113975

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Melanie G. Anewishki

Mailing Address 101 Detroit St

City State Zip Code
Calumet City IL 60409-5305

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

Name of Employer Information Requested Occupation Information Requested
Featherfist Socia Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115766

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 15 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Patrica A. Jordan

Mailing Address 3617 Jackson Avenue

City State Zip Code
Richton Park IL 60471-2160

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

Name of Employer Occupation
State Farm Insurance Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115806

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Louis C. Raymond II

Mailing Address 804 E Bowen Ave

City State Zip Code
Chicago IL 60653-2495

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

Name of Employer Occupation
Raymond Law Group Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : C10109366

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Susan Renee Shea

Mailing Address 8 Caravan Ln

City State Zip Code
Springfield IL 62712-9508

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

Name of Employer Occupation
Director of Aeronautics Illinois IDOT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : C10114426

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 54
(check only one)
 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)
Thornton Township Young Democrats

Mailing Address 773 Burham Avenue

City State Zip Code
Calumet City IL 60409

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
 11 / 04 / 2014

Transaction ID : C10115867

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Beverly K. Sokol

Mailing Address 10 Wysteria Dr

City State Zip Code
Olympia Fields IL 60461-1226

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : C10114107

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Gregory Craig

Mailing Address 16463 Hillcrest Drive

City State Zip Code
Markham IL 60428

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

Name of Employer Occupation
Skadden, Arps, Slate, Meagher & Flom Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10099698

Amount of Each Receipt this Period
100.00

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

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

375.00

**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 17 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Brenda J. Wolf

Mailing Address 25 E. Superior Street,
Apt. 2601

City Chicago State IL Zip Code 60611-2589

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

Name of Employer La Rabida Children's Hospital Occupation Administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10113998

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Keith Horton

Mailing Address 215 N Aberdeen St
Unit 303B

City Chicago State IL Zip Code 60607-1630

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

Name of Employer State of Illinois Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10102738

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bruce Liimatainen

Mailing Address 2011 Southport Avenue

City Chicago State IL Zip Code 60614

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

Name of Employer A Finkl & Sons Occupation Chaiman & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10114008

Amount of Each Receipt this Period
250.00

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

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

525.00

**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 18 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Francis J. Smith

Mailing Address 1230 N. Westshore Blvd

City Manteno State IL Zip Code 60950-1809

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

Name of Employer Homestar Bank Occupation Salesman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10115819

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Samreen F. Khan

Mailing Address 972 Doral Drive

City Bartlett State IL Zip Code 60103

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

Name of Employer Office of the Governor, State of Illin Occupation Senior Policy Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10113979

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DL3 Realty, LP

Mailing Address 1050 E. 95th Street

City Chicago State IL Zip Code 60619

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 Y Y
 11 / 04 / 2014

Transaction ID : C10115865

Amount of Each Receipt this Period
250.00

PARTNERSHIP--partners below if itemized

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

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

750.00

**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 19 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Leon I. Walker

Mailing Address 1050 E 95th St

City Chicago State IL Zip Code 60619-7828

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

Name of Employer D3Realty Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10139614

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Kamesh Aiyer

Mailing Address 11 Magazine Street

City Cambridge State MA Zip Code 02139

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

Name of Employer Kashi Software Architects, Inc. Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 17 / 2014

Transaction ID : C10099700A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
288.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10099700AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

250.00

10249.66

**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 20 OF 54
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Mailing Address **714 GREEN VALLEY ROAD**

City **GREENSBORO** State **NC** Zip Code **27408**

FEC ID number of contributing federal political committee. **C C00112888**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

Transaction ID : C10115840

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address **501 WESTLAKE PARK BLVD**

City **HOUSTON** State **TX** Zip Code **77079**

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : C10099691

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS

Mailing Address **9000 MACHINISTS PLACE**

City **UPPER MARLBORO** State **MD** Zip Code **20772**

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

Transaction ID : C10115842

Amount of Each Receipt this Period

5000.00

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

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

7000.00

**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 21 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Illinois Agricultural Association Political Involvement Fund

Mailing Address PO BOX 1605

City: BLOOMINGTON State: IL Zip Code: 61702

FEC ID number of contributing federal political committee: **C** C00193441

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 73.64

Date of Receipt: 11 / 04 / 2014

Transaction ID : C10115933

Amount of Each Receipt this Period: 73.64

* In-Kind: Award Materials

B. Full Name (Last, First, Middle Initial)
DEVRY INC POLITICAL ACTION COMMITTEE

Mailing Address 3005 HIGHLAND PARKWAY

City: DOWNERS GROVE State: IL Zip Code: 60515

FEC ID number of contributing federal political committee: **C** C00198606

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : C10115953

Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
Friends Of Toi Hutchinson

Mailing Address PO Box 101

City: Steger State: IL Zip Code: 60475-0101

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

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 10 / 17 / 2014

Transaction ID : C10099684

Amount of Each Receipt this Period: 250.00

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

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

1073.64

**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 22 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **LILLY CORPORATE CENTER**

City **INDIANAPOLIS** State **IN** Zip Code **46285**

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115844

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address **9700 WEST BRYN MAWR AVE.**

City **ROSEMONT** State **IL** Zip Code **60018**

FEC ID number of contributing federal political committee. **C C00005660**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : C10115924

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **1200 WILSON BLVD**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : C10099695

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 23 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address **FIVE MOORE DRIVE**
PO BOX 13358

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709**

FEC ID number of contributing federal political committee. **C C00199703**

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 Y
11		04		2014

Transaction ID : C10115845

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address **1120 CONNECTICUT AVENUE NW**
SUITE 600

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

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
11		04		2014

Transaction ID : C10115915

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ford Motor Company Civic Action Fund

Mailing Address **PO BOX 75000**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : C10114015

Amount of Each Receipt this Period
1500.00

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

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

3500.00

**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 24 OF 54			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10099696

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10115926

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address ONE JOHNSON & JOHNSON PLAZA

City NEW BRUNSWICK State NJ Zip Code 08933

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10114016

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 25 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. CREDIT SUISSE SECURITIES (USA) LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
CREDIT SUISSE SECURITIES (USA) LLC POLITICAL ACTION COMMITTEE

Mailing Address 1201 F STREET, NW SUITE 450

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10099697

Amount of Each Receipt this Period
 2000.00

B. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10114018

Amount of Each Receipt this Period
 2500.00

C. American Hospital Association Political Action Committee

Full Name (Last, First, Middle Initial)
American Hospital Association Political Action Committee

Mailing Address 800 TENTH STREET, NW TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10115909

Amount of Each Receipt this Period
 2000.00

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

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

6500.00

**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 26 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Lou Presta

Mailing Address 5200 W. 133rd Street

City Midlothian State IL Zip Code 60445

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
 10 / 31 / 2014

Transaction ID : C10113939

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Citizens for Marcus C. Evans, Jr.

Mailing Address 8539 S. Cottage Grove Avenue

City Chicago State IL Zip Code 60619

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10113999

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10114009

Amount of Each Receipt this Period
5000.00

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

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

5450.00

31023.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Mr. Michael P. O'Brien			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 895 Cobb Blvd.			Amount of Each Disbursement this Period 652.41
City Kankakee	State IL	Zip Code 60901-5203	Transaction ID : D563510
Purpose of Disbursement Catering Expenses		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Alexanders Summers			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 17904 Chartres Court			Amount of Each Disbursement this Period 90.00
City Hazel Crest	State IL	Zip Code 60429	Transaction ID : D566860
Purpose of Disbursement Field Services		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. Rich Township			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 22013 Governors Highway			Amount of Each Disbursement this Period 400.00
City Richton Park	State IL	Zip Code 60471	Transaction ID : D566940
Purpose of Disbursement Donation		Category/ Type	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1142.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 226.20 Transaction ID : D566810
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel (Airfare)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 163.06 Transaction ID : D566820
City Fort Lauderdale	State FL	
Zip Code 33340	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Marriott		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 1331 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 58.36 Transaction ID : D566830
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	447.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Thornton Township			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 333 East 162nd Street			Amount of Each Disbursement this Period 250.00	
City South Holland	State IL	Zip Code 60473	Transaction ID : D566850	
Purpose of Disbursement Donation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Latresha Hepson			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 7900 S Merrill Ave			Amount of Each Disbursement this Period 110.00	
City Chicago	State IL	Zip Code 60617-1129	Transaction ID : D566910	
Purpose of Disbursement Field Services		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Lisa Miller			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 283 E. 14th Street			Amount of Each Disbursement this Period 150.00	
City Chicago Heights	State IL	Zip Code 60411	Transaction ID : D566920	
Purpose of Disbursement Field Contractor		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. P2 Consulting Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 22 West Washington Street, Suite 1		Amount of Each Disbursement this Period 16563.38 Transaction ID : D566930
City Chicago	State IL Zip Code 60602	
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Joseph Nugent		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1316 Eagle Bluff		Amount of Each Disbursement this Period 322.25 Transaction ID : D563511
City Bourbonnais	State IL Zip Code 60914	
Purpose of Disbursement Catering Expenses	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Latresha Hepson		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7900 S Merrill Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : D566911
City Chicago	State IL Zip Code 60617-1129	
Purpose of Disbursement Field Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16935.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Philip Allen		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 4734 S. Drexel Blvd		Amount of Each Disbursement this Period 130.00 Transaction ID : D566821
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Field Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Marriott		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 1331 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 49.56 Transaction ID : D566831
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Meals	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 30 Ivy St SE Washington, D.C., DC		Amount of Each Disbursement this Period 72.00 Transaction ID : D566841
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Event Expenses (Fundraising)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	251.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. UPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 33.00
City	State Zip Code	
Purpose of Disbursement Postage (Field)	Candidate Name	Transaction ID : D566851
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Alexanders Summers		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 17904 Chartres Court		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Field Services	Candidate Name	Transaction ID : D566861
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Chicago Defender		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 4445 S King Dr		Amount of Each Disbursement this Period 400.00
City	State Zip Code	
Purpose of Disbursement Advertising	Candidate Name	Transaction ID : D566871
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	483.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Lisa Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 283 E. 14th Street		Amount of Each Disbursement this Period 120.00 Transaction ID : D566921
City Chicago Heights	State IL Zip Code 60411	
Purpose of Disbursement Field Contractor	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. City Club Of Chicago		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 400 N Michigan Ave Ste 805		Amount of Each Disbursement this Period 105.00 Transaction ID : D566812
City Chicago	State IL Zip Code 60611-4164	
Purpose of Disbursement Event Expenses (Fundraising)	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Philip Allen		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 4734 S. Drexel Blvd		Amount of Each Disbursement this Period 75.00 Transaction ID : D566822
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Field Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Orbitz		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 500 West Madison Street Suite 1000		Amount of Each Disbursement this Period 367.79
City Chicago	State IL Zip Code 60661	
Purpose of Disbursement TRAVEL	Category/Type	Transaction ID : D566832
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 30 Ivy St SE Washington, D.C., DC		Amount of Each Disbursement this Period 10.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Event Expenses (Fundraising)	Category/Type	Transaction ID : D566842
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Latresha Hepson		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 7900 S Merrill Ave		Amount of Each Disbursement this Period 135.00
City Chicago	State IL Zip Code 60617-1129	
Purpose of Disbursement Field Services	Category/Type	Transaction ID : D566912
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	512.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Lisa Miller		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 283 E. 14th Street		Amount of Each Disbursement this Period 120.00 Transaction ID : D566922
City Chicago Heights	State IL Zip Code 60411	
Purpose of Disbursement Field Contractor	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Philip Allen		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 4734 S. Drexel Blvd		Amount of Each Disbursement this Period 250.00 Transaction ID : D566823
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Field Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. City Club Of Chicago		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 400 N Michigan Ave Ste 805		Amount of Each Disbursement this Period 70.00 Transaction ID : D566813
City Chicago	State IL Zip Code 60611-4164	
Purpose of Disbursement Event Expenses (Fundraising)	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Lolita Mock		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7251 S. South Shore Dr.		Amount of Each Disbursement this Period 90.00 Transaction ID : D566923
City Chicago	State IL Zip Code 60649	
Purpose of Disbursement Field Contractor	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. South Suburbar College		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 15800 State St		Amount of Each Disbursement this Period 250.00 Transaction ID : D566943
City South Holland	State IL Zip Code 60473	
Purpose of Disbursement Event Tickets	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. City Club Of Chicago		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 400 N Michigan Ave Ste 805		Amount of Each Disbursement this Period 50.00 Transaction ID : D566814
City Chicago	State IL Zip Code 60611-4164	
Purpose of Disbursement Event Expenses (Fundraising)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Philip Allen		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 4734 S. Drexel Blvd		Amount of Each Disbursement this Period 95.00 Transaction ID : D566824
City Chicago State IL Zip Code 60615	Purpose of Disbursement Field Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ryan VanMeter		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 5044 N Marine Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : D566844
City Chicago State IL Zip Code 60640-3269	Purpose of Disbursement Field Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lora Whitticker		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 3549 South Calumet Avenue		Amount of Each Disbursement this Period 5340.44 Transaction ID : D566854
City Chicago State IL Zip Code 60653	Purpose of Disbursement Payroll Expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5935.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 54		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. AT&T Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 168 N State Street		Amount of Each Disbursement this Period 193.37 Transaction ID : D566864
City Chicago	State IL Zip Code 60601-3505	
Purpose of Disbursement PHONES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lolita Mock		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7251 S. South Shore Dr.		Amount of Each Disbursement this Period 135.00 Transaction ID : D566924
City Chicago	State IL Zip Code 60649	
Purpose of Disbursement Field Contractor	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Holiday Inn		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 500 Holiday Plaza Dr		Amount of Each Disbursement this Period 95.20 Transaction ID : D566845
City Matteson	State IL Zip Code 60443	
Purpose of Disbursement Staff Hotel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	423.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Philip Allen		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 4734 S. Drexel Blvd		Amount of Each Disbursement this Period 100.00 Transaction ID : D566825
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Field Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Public Response Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 12400 Harlem Ave		Amount of Each Disbursement this Period 4647.00 Transaction ID : D566855
City Palos Heights	State IL Zip Code 60463	
Purpose of Disbursement Printing (Field)	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 168 N State Street		Amount of Each Disbursement this Period 209.60 Transaction ID : D566865
City Chicago	State IL Zip Code 60601-3505	
Purpose of Disbursement PHONES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4956.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Dominick Mock		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7251 S. South Shore Dr.		Amount of Each Disbursement this Period 90.00 Transaction ID : D566875
City Chicago	State IL Zip Code 60649	
Purpose of Disbursement Field Contractor	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Gregory L. Washington		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 3425 Maple Ln		Amount of Each Disbursement this Period 145.00 Transaction ID : D566885
City Hazel Crest	State IL Zip Code 60429-1572	
Purpose of Disbursement Field Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Anthony Beckham		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 254 East 107th St		Amount of Each Disbursement this Period 349.68 Transaction ID : D566816
City Chicago	State IL Zip Code 60628	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	584.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. W. Millar Company			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1335 14th St NW			Amount of Each Disbursement this Period 771.07 Transaction ID : D566836
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Catering (Fundraising)		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Holiday Inn			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 500 Holiday Plaza Dr			Amount of Each Disbursement this Period 133.28 Transaction ID : D566846
City Matteson	State IL	Zip Code 60443	
Purpose of Disbursement Staff Hotel		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Dominick Mock			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 7251 S. South Shore Dr.			Amount of Each Disbursement this Period 135.00 Transaction ID : D566876
City Chicago	State IL	Zip Code 60649	
Purpose of Disbursement Field Contractor		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1039.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Gregory L. Washington		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3425 Maple Ln		Amount of Each Disbursement this Period 225.00 Transaction ID : D566886
City Hazel Crest State IL Zip Code 60429-1572	Purpose of Disbursement Field Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lisa Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 283 E. 14th Street		Amount of Each Disbursement this Period 175.00 Transaction ID : D566916
City Chicago Heights State IL Zip Code 60411	Purpose of Disbursement Field Contractor	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Priceline Hotels		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 490.96 Transaction ID : D566936
City Norwalk State CT Zip Code 06854	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	890.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 54		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Township of Monee		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 26121 Egyptian Trail		Amount of Each Disbursement this Period 250.00 Transaction ID : D566946
City Monee State IL Zip Code 60449	Purpose of Disbursement Contributions	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 244.20 Transaction ID : D566807
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Anthony Beckham		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 254 East 107th St		Amount of Each Disbursement this Period 326.00 Transaction ID : D566817
City Chicago State IL Zip Code 60628	Purpose of Disbursement Travel Reimbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	820.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Brandon Garrett		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1230 4th St NW #2		Amount of Each Disbursement this Period 1015.11 Transaction ID : D566837
City Washington State DC Zip Code 20001	Purpose of Disbursement Payroll Expenses	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Douglas Mock		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7251 S. South Shore Dr.		Amount of Each Disbursement this Period 110.00 Transaction ID : D566877
City Chicago State IL Zip Code 60649	Purpose of Disbursement Field Contractor	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Gregory L. Washington		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3425 Maple Ln		Amount of Each Disbursement this Period 120.00 Transaction ID : D566887
City Hazel Crest State IL Zip Code 60429-1572	Purpose of Disbursement Field Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1245.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Lisa Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 283 E. 14th Street		Amount of Each Disbursement this Period 3,000.00 Transaction ID : D566917
City Chicago Heights	State IL Zip Code 60411	
Purpose of Disbursement Field Contractor	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chicago Press Corporation		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1112 N Homan Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : D566838
City Chicago	State IL Zip Code 60651	
Purpose of Disbursement Printing (Fundraising)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lisa Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 283 E. 14th Street		Amount of Each Disbursement this Period 135.00 Transaction ID : D566918
City Chicago Heights	State IL Zip Code 60411	
Purpose of Disbursement Field Contractor	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	340.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 244.20
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : D566808
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 19.56
City Fort Lauderdale	State FL Zip Code 33340	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Transaction ID : D566818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Alexanders Summers		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 17904 Chartres Court		Amount of Each Disbursement this Period 160.00
City Hazel Crest	State IL Zip Code 60429	
Purpose of Disbursement Field Services	Candidate Name	Transaction ID : D566858
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	423.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Douglas Mock		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 7251 S. South Shore Dr.		Amount of Each Disbursement this Period 987.77 Transaction ID : D566878
City Chicago	State IL Zip Code 60649	
Purpose of Disbursement Field Contractor	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 705.60 Transaction ID : D566809
City Dallas	State TX Zip Code 75235-1647	
Purpose of Disbursement Travel (Airfare)	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O Box 407066		Amount of Each Disbursement this Period 147.17 Transaction ID : D566819
City Fort Lauderdale	State FL Zip Code 33340	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	987.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

A. Advanced Network Strategies

Full Name (Last, First, Middle Initial)
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 President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 7870.10

Transaction ID : D566839

B. Alexanders Summers

Full Name (Last, First, Middle Initial)
Mailing Address 17904 Chartres Court

City Hazel Crest State IL Zip Code 60429

Purpose of Disbursement Field Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 80.00

Transaction ID : D566859

C. Lisa Miller

Full Name (Last, First, Middle Initial)
Mailing Address 283 E. 14th Street

City Chicago Heights State IL Zip Code 60411

Purpose of Disbursement Field Contractor

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 120.00

Transaction ID : D566919

SUBTOTAL of Disbursements This Page (optional) 8070.10

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Olympia Fields Country Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 2800 Country Club Dr			Amount of Each Disbursement this Period 6953.76	
City Olympia Fields	State IL	Zip Code 60461	Transaction ID : D566929	
Purpose of Disbursement Catering (Fundraising)		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

SUBTOTAL of Disbursements This Page (optional).....	6953.76
TOTAL This Period (last page this line number only).....	54084.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 54			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. Friends Of Frank Zuccarelli		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 115		Amount of Each Disbursement this Period 100.00 Transaction ID : D566811
City South Holland	State IL	
Zip Code 60473-0115	Purpose of Disbursement Nonfederal Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PAT MURPHY FOR IOWA		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 692		Amount of Each Disbursement this Period 500.00 Transaction ID : D566931
City DUBUQUE	State IA	
Zip Code 52004	Purpose of Disbursement Contributions	Category/ Type
Candidate Name PATRICK JOSEPH MURPHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 01	

Full Name (Last, First, Middle Initial) c. Brad Schneider for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 1318		Amount of Each Disbursement this Period 500.00 Transaction ID : D566852
City Deerfield	State IL	
Zip Code 60015	Purpose of Disbursement Contributions	Category/ Type
Candidate Name BRADLEY SCOTT SCHNEIDER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 10	

SUBTOTAL of Disbursements This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 54			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. SEAN PATRICK MALONEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 500.00 Transaction ID : D566942
City NEWBURGH	State NY	
Zip Code 12550	Purpose of Disbursement Contributions	Category/ Type
Candidate Name SEAN PATRICK MALONEY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 18	

Full Name (Last, First, Middle Initial) B. FRIENDS OF ELIZABETH ESTY		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 61		Amount of Each Disbursement this Period 500.00 Transaction ID : D566883
City CHESHIRE	State CT	
Zip Code 06410	Purpose of Disbursement Contributions	Category/ Type
Candidate Name ELIZABETH ESTY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CT District: 05	

Full Name (Last, First, Middle Initial) C. JULIA BROWNLEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 2018		Amount of Each Disbursement this Period 500.00 Transaction ID : D566903
City THOUSAND OAKS	State CA	
Zip Code 91358	Purpose of Disbursement Contributions	Category/ Type
Candidate Name JULIA BROWNLEY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 26	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 54			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. JOE GARCIA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 330871		Amount of Each Disbursement this Period 500.00 Transaction ID : D566896
City MIAMI State FL Zip Code 33233	Purpose of Disbursement Contributions	
Candidate Name JOE GARCIA	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) B. ENYART FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 500.00 Transaction ID : D566867
City BELLEVILLE State IL Zip Code 62222	Purpose of Disbursement Contributions	
Candidate Name WILLIAM L. JR. ENYART	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 12		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN BARROW		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 1001		Amount of Each Disbursement this Period 500.00 Transaction ID : D566897
City AUGUSTA State GA Zip Code 30903	Purpose of Disbursement Contributions	
Candidate Name JOHN J. BARROW	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 12		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 54
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Robin Kelly for Congress

Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 6100 ELTON AVE, SUITE 1000		Amount of Each Disbursement this Period 1500.00 Transaction ID : D566888
City LAS VEGAS State NV Zip Code 89107	Purpose of Disbursement Contributions	
Candidate Name STEVEN ALEXZANDER HORSFORD		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 04		

Full Name (Last, First, Middle Initial) B. KUSTER FOR CONGRESS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address P.O. BOX 1498		Amount of Each Disbursement this Period 500.00 Transaction ID : D566908
City CONCORD State NH Zip Code 03302	Purpose of Disbursement Contributions	
Candidate Name ANN MCLANE KUSTER		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH District: 02		

Full Name (Last, First, Middle Initial) c. Ann Collis for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 517 CHAPMAN ST		Amount of Each Disbursement this Period 500.00 Transaction ID : D566849
City EDWARDSVILLE State IL Zip Code 62025	Purpose of Disbursement Contributions	
Candidate Name ANN CALLIS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 13		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	6600.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

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

Mailing Address One Park Row, Suite 5

City State Zip Code
 Providence RI 02903

Nature of Debt (Purpose):
 Compliance Consulting

Outstanding Balance Beginning This Period **Transaction ID : D497499**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="5000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5000.00"/>