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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Robert T. Schilling									
	(b) Address (number and street) 367 Ave of The Cities	☐ Check if address changed				Candidate's FEC Identification Number     H0IL17059				
	(c) City, State, and ZIP Code						lew	Amend	led	
	East Moline		IL	6124		•	N) OR	(A)		
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate				
_	REPUBLICAN PARTY	House			IL	17				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
Bobby Schilling for Congress										
(b) Address (number and street) 367 Avenue of The Cities Suite D										
	(c) City, State, and ZIP Code									
	East Moline				IL	61244				
(Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
Young Guns Day II 2014										
	(b) Address (number and street) 228 S. Washington St, Suite 1	15								
	(c) City, State, and ZIP Code									
	Alexandria				VA	22314				
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	t and comple	e.		
Si	gnature of Candidate					Date				
Re	obert T. Schilling			[Elec	tronically Filed]	07/14/2014				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)