

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
Bert Miller for Congress

ADDRESS (number and street) PO Box 5873
 Check if different than previously reported. (ACC) Naperville IL 60567

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551473 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
IL 11

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)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 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 Mr. Loren Miller

Signature of Treasurer Mr. Loren Miller *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 10 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bert Miller 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))....	45149.79	457349.79
(b) Total Contribution Refunds (from Line 20(d))	21800.00	21800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23349.79	435549.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58842.53	509244.20
(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)).....	58842.53	509244.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bert Miller for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	396400.00
(ii) Unitemized.....	0.00	7550.00
(iii) TOTAL of contributions from individuals ▶	0.00	403950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8250.00
(d) The Candidate.....	45149.79	118844.20
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	45149.79	531044.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1305.59
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1305.59
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	45149.79	532349.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58842.53	509244.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1305.59	1305.59
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1305.59	1305.59
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	21800.00	21800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	21800.00	21800.00
21. OTHER DISBURSEMENTS	-1000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	80948.12	532349.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35798.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45149.79
25. SUBTOTAL (add Line 23 and Line 24).....	80948.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80948.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 24
	<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	

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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) MARK GIESEN		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1322 N DEARBORN		Transaction ID : SA11.337
City CHICAGO	State IL	Zip Code 60610-2006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -1000.00	
Name of Employer BERLIN PACKAGING	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	[MEMO ITEM] REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial) MRS. MARK GIESEN		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 1322 N DEARBORN		Transaction ID : SA11.436
City CHICAGO	State IL	Zip Code 60610-2006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer NONE	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) MRS. MARK GIESEN		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1322 N DEARBORN		Transaction ID : SA11.436B
City CHICAGO	State IL	Zip Code 60610-2006
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -1000.00	
Name of Employer NONE	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	[MEMO ITEM] REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional).....	0.00
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 6 OF 24
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARK GIESEN

Mailing Address 1322 N DEARBORN

City State Zip Code
CHICAGO IL 60610-2006

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11.437

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MARTA KRUG

Mailing Address 122 KRAML DRIVE

City State Zip Code
BURR RIDGE IL 60527-0303

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.438

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARTA KRUG

Mailing Address 122 KRAML DRIVE

City State Zip Code
BURR RIDGE IL 60527-0303

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11.438B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO PRIMARY

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

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

0.00

**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 7 OF 24
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MARTA KRUG

Mailing Address 122 KRAML DRIVE

City Burr Ridge State IL Zip Code 60527-0303

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11.439

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM KRUG

Mailing Address 122 KRAML DR.

City Burr Ridge State IL Zip Code 60527-0303

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

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11.310

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

0.00

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

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
BERT MILLER

Mailing Address **PO BOX 5873**

City **NAPERVILLE** State **IL** Zip Code **60567**

FEC ID number of contributing federal political committee. **C C00551473**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **120149.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.145

Amount of Each Receipt this Period
50000.00

CONVERSION OF CANDIDATE LOAN TO CONTRIBUTION
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BERT MILLER

Mailing Address **PO BOX 5873**

City **NAPERVILLE** State **IL** Zip Code **60567**

FEC ID number of contributing federal political committee. **C C00551473**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **120149.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.146

Amount of Each Receipt this Period
23694.41

CONVERSION OF CANDIDATE LOAN TO CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BERT MILLER

Mailing Address **PO BOX 5873**

City **NAPERVILLE** State **IL** Zip Code **60567**

FEC ID number of contributing federal political committee. **C C00551473**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **120149.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11D.149

Amount of Each Receipt this Period
43149.79

CANDIDATE CONTRIBUTION

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

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

43149.79

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 24	
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. RODY BIGGERT		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 425 E 6TH STREET		Amount of Each Disbursement this Period 302.92 Transaction ID : SB17.I137
City HINSDALE	State IL	
Zip Code 60521	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. LOREN MILLER		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO Box 5873		Amount of Each Disbursement this Period 69.41 Transaction ID : SB17.I118
City Naperville	State IL	
Zip Code 60573	Purpose of Disbursement REIMBURSEMENT FOR POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. GIULIA VOLINI		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period -1116.25 Transaction ID : SB17.I115
City NAPERVILLE	State IL	
Zip Code 60567	Purpose of Disbursement VOID OF PREVIOUS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	-743.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial)
A. CARDMEMBER SERVICES

Mailing Address PO BOX 790408

City ST. LOUIS State MO Zip Code 63179

Purpose of Disbursement SEE BELOW

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 6372.90

Transaction ID : SB17.I136

Category/Type

Full Name (Last, First, Middle Initial)
B. BELGIOS CATERING

Mailing Address 416 W 5TH AVE

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement EVENT CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 878.36

Transaction ID : SB17.I142

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)
C. ENTERPRISE RENT A CAR

Mailing Address 6400 N SHILLING RD

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 242.87

Transaction ID : SB17.I143

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 6372.90

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 13 OF 24			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. ST REGIS MONARCH BEACH		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 1 MONARCH BEACH RESORT		Amount of Each Disbursement this Period 1247.37
City DANA POINT	State CA	
Zip Code 92629		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. THE WISE BOXER POUR HOUSE		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 16 W JEFFERSON AVE		Amount of Each Disbursement this Period 1879.80
City NAPERVILLE	State IL	
Zip Code 60540		
Purpose of Disbursement EVENT CATERING		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182		
Purpose of Disbursement SOFTWARE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	798.00
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 14 OF 24			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I119
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I120
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DOWNER'S GROVE TOWNSHIP GOP		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1620 W. 75TH STREET		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I139
City DOWNERS GROVE	State IL Zip Code 60516	
Purpose of Disbursement EVENT EXPENSE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2596.00
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 15 OF 24			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. NTRO		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 400 Winnetka Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.I135
City Winnetka State IL Zip Code 60093	Purpose of Disbursement EVENT EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PHOENIX CLOSURES, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 1899 HIGH GROVE LN		Amount of Each Disbursement this Period 144.00 Transaction ID : SB17.I131
City NAPERVILLE State IL Zip Code 60540	Purpose of Disbursement OFFICE EQUIPMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 2470 DANIELLS BR RD STE 121		Amount of Each Disbursement this Period 3006.72 Transaction ID : SB17.I133
City ATHENS State GA Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3400.72
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 16 OF 24			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial)
A. SIGNS BY TOMORROW

Mailing Address 1050 S. Arlington Heights

City: Arlington Heights State: IL Zip Code: 60194

Purpose of Disbursement: PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 06 / 2014

Amount of Each Disbursement this Period: 110.00

Transaction ID : SB17.I109

Full Name (Last, First, Middle Initial)
B. UNION SIGNS & PRINTING

Mailing Address 1 EASTERN AVE

City: JOLIET State: IL Zip Code: 60433

Purpose of Disbursement: PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 1202.50

Transaction ID : SB17.I110

Full Name (Last, First, Middle Initial)
C. WOLF COMPANY, LLC

Mailing Address 1901 S. MEYERS RD

City: OAK BROOK State: IL Zip Code: 60181

Purpose of Disbursement: PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 1741.50

Transaction ID : SB17.I138

SUBTOTAL of Disbursements This Page (optional) 3054.00

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 17 OF 24	
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. XPRESS PROFESSIONAL SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 220 E ADAM		Amount of Each Disbursement this Period 38000.00
City SPRINGFIELD State IL Zip Code 62701	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name		Transaction ID : SB17.I129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. XPRESS PROFESSIONAL SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 220 E ADAM		Amount of Each Disbursement this Period 5364.83
City SPRINGFIELD State IL Zip Code 62701	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name		Transaction ID : SB17.I130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	43364.83
TOTAL This Period (last page this line number only).....	58842.53

**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 18 OF 24	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. BERT MILLER		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period 1305.59 Transaction ID : SB19A.I144
City NAPERVILLE	State IL Zip Code 60567	
Purpose of Disbursement LOAN REPAYMENT	Category/Type	
Candidate Name BERT MILLER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 11	

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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1305.59
TOTAL This Period (last page this line number only).....	1305.59

**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 19 OF 24			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. CONNIE KELLER		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1155 35TH STREET		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I128
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. FRED KREBHEL		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 505 S COUNTY LINE RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I123
City HINSDALE	State IL	
Zip Code 60521	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. JONATHAN LANPHIER		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 403 GLENDALE AVENUE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I124
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 20 OF 24			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. ANDREW STUDDERT		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2844 BLACKHAWK RD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I126
City WILMETTE	State IL	
Zip Code 60091	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. THOMAS WAKE		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO BOX 3067		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I127
City NAPERVILLE	State IL	
Zip Code 60566	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. ALBERT BINGHAM		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 706 SOUTH PARK		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I122
City HINSDALE	State IL	
Zip Code 60521	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	7800.00
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 21 OF 24			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. DAVID BROWN		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 55 Huntington Court		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.I132
City Burr Ridge	State IL	
Zip Code 60527	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. JOHN HARDENBERG		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 4600 DUKE STREET, STE. 303		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I121
City ALEXANDRIA	State VA	
Zip Code 22304	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. DENNIS KELLER		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1155 35TH ST		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I125
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement REFUND	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	21800.00

**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 22 OF 24	
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial)
A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement VOID OF PREVIOUS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 24 / 2014

Amount of Each Disbursement this Period: -1000.00

Transaction ID : SB21.I114

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) -1000.00

TOTAL This Period (last page this line number only) -1000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Transaction ID : **SC.1**

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

[PERSONAL FUNDS]

Election: 2014

BERT MILLER

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 5873

City State ZIP Code
NAPERVILLE IL 60567

CONVERTED TO CONTRIBUTION

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 01 D /

Y 2013 Y

M M /

D D /

ON DEMAND

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ [] 0.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Bert Miller for Congress** Transaction ID : 4

LOAN SOURCE Full Name (Last, First, Middle Initial) Bert Miller	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 5873		

City	State	ZIP Code	
Naperville	IL	60567	CONVERTED TO CONTRIBUTION

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	1305.59	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 11 / Y 2014 Y	M M / D D / On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	0.00

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