RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORD

16 MAY 23 PM 3:18

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

JAMES MARTER FOR UNITED STATES SENATE

ADDRESS (number and street) ▼ PO BOX 271

☐ Check if different than previously reported. (ACC)

OSWEGO — CITY ▲ — IL — STATE ▲ — 60543 - — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00591271

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

STATE ▼ DISTRICT: IL

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 03 / 15 / 2016 in the State of IL

(c) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2016 through 02 / 24 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STEVE WEBER

Signature of Treasurer [signature] Date 05 / 06 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

FEC FORM 3 (Revised 02/2003)

FE6AN023

2016052302001859961

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JAMES MARTER FOR UNITED STATE SENATE

Report Covering the Period: From: 01 / 01 / 2016 To: 02 / 24 / 2016

	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))...	1477000	2246450
(b) Total Contribution Refunds (from Line 20(d))...		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	1477000	2246450
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	2474565	4349668
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	2474565	4349668
8. Cash on Hand at Close of Reporting Period (from Line 27)...	64191	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	228850 9	

For further information contact:

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

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

2016052302001859 62

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JAMES MARTER FOR US SENATE

Report Covering the Period: From: 01 / 01 / 2016 To: 02 / 24 / 2016

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)...	765000	11150000
(ii) Unitemized.....	692000	11114450
(iii) TOTAL of contributions from individuals .. ▶	1457000	22264450
(b) Political Party Committees...	20000	20000
(c) Other Political Committees (such as PACs)...		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...	1477000	22464450
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...		
13. LOANS: (a) Made or Guaranteed by the Candidate...	802292	22885009
(b) All Other Loans....		
(c) TOTAL LOANS (add Lines 13(a) and (b))...	802292	22885009
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	2279292	45349559

2016052302001859563

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2465065	4340168
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES...	9500	130600
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS...		
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2474565	4470768

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	259464
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2279292
25. SUBTOTAL (add Line 23 and Line 24)...	2538756
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2474565
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	64191

2016052302001859 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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 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)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): ED RONKOWSKI
Mailing Address: 20821 BRIARWOOD LN.
City: MOKENA State: IL Zip Code: 60448
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: ATTORNEY
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 20000
Date of Receipt: 01 / 02 / 2016
Amount of Each Receipt this Period: 20000
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DAVID NIELS
Mailing Address: 244 N FOX CHASE DRIVE
City: OSWEGO State: IL Zip Code: 60543
FEC ID number of contributing federal political committee: C
Name of Employer: PROGRESSIVE TURNINGS
Occupation: VICE PRESIDENT
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 75000
Date of Receipt: 01 / 05 / 2016
Amount of Each Receipt this Period: 75000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): JERRY AND JEANETTER MARTER
Mailing Address: 9005 N 600 W
City: LAKE VILLAGE State: IN Zip Code: 46349
FEC ID number of contributing federal political committee: C
Name of Employer: CSL BEHRING
Occupation: CHEMICAL ENGINEER
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 20000
Date of Receipt: 01 / 09 / 2016
Amount of Each Receipt this Period: 20000
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 115000

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

2016052302001859 65

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): GREGORY DUER
Mailing Address: 2S 226 DEERPATH ROAD PO BOX 386
City: BATAVIA State: IL Zip Code: 60510
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 40000
Date of Receipt: 01 / 09 / 2016
Amount of Each Receipt this Period: 40000
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): JOSEPH MARTER
Mailing Address: 13646 MELSTONE DRIVE
City: CLIFTON State: VA Zip Code: 20124
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: UNEMPLOYED
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 100000
Date of Receipt: 01 / 16 / 2016
Amount of Each Receipt this Period: 100000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): ROGER GROOVER
Mailing Address: 3306 CANADAY DRIVE
City: ANDERSON State: IN Zip Code: 4613
FEC ID number of contributing federal political committee: C
Name of Employer: DFAS
Occupation: COMPUTER SPECIALIST
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 25000
Date of Receipt: 01 / 24 / 2016
Amount of Each Receipt this Period: 25000
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 165000

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

2016052302001859 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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): JAMES AND VERONICA MORSE
Mailing Address: 4 S WATSON LANE
City: DOVER State: NH Zip Code: 03820
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: REALTOR
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 20000
Date of Receipt: 01 / 25 / 2016
Amount of Each Receipt this Period: 20000
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): JOHN D MARTER
Mailing Address: 6316 S CHEYENNE DR.
City: PEORIA State: IL Zip Code: 61607
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 270000
Date of Receipt: 01 / 25 / 2016
Amount of Each Receipt this Period: 120000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): MARK SELVAGGIO
Mailing Address: 321 NEWPORT DR.
City: SPRINGFIELD State: IL Zip Code: 62702
FEC ID number of contributing federal political committee: C
Name of Employer: SELVAGGIO STEAL
Occupation: PRESIDENT
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 100000
Date of Receipt: 01 / 28 / 2016
Amount of Each Receipt this Period: 100000
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 240000

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

201605230200185967

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): JOHN GOETZ
Mailing Address: 421 W JACKSON ST.
City: PETERSBURG State: IL Zip Code: 62675
FEC ID number of contributing federal political committee: C
Name of Employer: RD LAWRENCE CONTRUCTION
Occupation: CE
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5 0 0 0 0
Date of Receipt: 0 1 / 2 8 / 2 0 1 6
Amount of Each Receipt this Period: 5 0 0 0 0
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): LARRY JOGERST
Mailing Address: 508 S WASHINGTON ST
City: LENA State: IL Zip Code: 61048
FEC ID number of contributing federal political committee: C
Name of Employer: DAN FOSS
Occupation: ENGINEER
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2 0 0 0 0
Date of Receipt: 0 2 / 0 6 / 2 0 1 6
Amount of Each Receipt this Period: 2 0 0 0 0
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): LAURA ANDERSON
Mailing Address: 6419 FOX GLOVE
City: COULTERVILLE State: IL Zip Code: 62237
FEC ID number of contributing federal political committee: C
Name of Employer: ST ELIZABETH'S HOSPITAL
Occupation: RN
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2 0 0 0 0
Date of Receipt: 0 2 / 0 8 / 2 0 1 6
Amount of Each Receipt this Period: 2 0 0 0 0
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 9 0 0 0 0

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): MICHAEL HAHNE
Mailing Address: 4040 GLENDENNING RD.
City: DOWNERS GROVE State: IL Zip Code: 60516
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: RETIRED
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 3000 0
Date of Receipt: 02 16 2016
Amount of Each Receipt this Period: 3000 0
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): CAROLYN GERWIN
Mailing Address: 705 S LOCUS
City: PONTIAC State: IL Zip Code: 61764
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED
Occupation: ATTORNEY
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 2500 0
Date of Receipt: 02 16 2016
Amount of Each Receipt this Period: 2500 0
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): TODD HARTWELL
Mailing Address: PO BOX 6017
City: ELGIN State: IL Zip Code: 60121
FEC ID number of contributing federal political committee: C
Name of Employer: TNT COMPLETE FACILITY CARE
Occupation: ADVERTISING
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5000 0
Date of Receipt: 02 19 2016
Amount of Each Receipt this Period: 5000 0
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 10500 0

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): ROBERT L COOK JR.
Mailing Address: 308 OAK GROVE DR.
City: WAUCONDA State: IL Zip Code: 60084
FEC ID number of contributing federal political committee: C
Name of Employer: TONY'S BARBER SHOP
Occupation: BARBER
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Election Cycle-to-Date: 5 0 0 0 0
Date of Receipt: 0 2 / 1 8 / 2 0 1 6
Amount of Each Receipt this Period: 5 0 0 0 0
[ ] Memo Item

B.
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
Amount of Each Receipt this Period:
[ ] Memo Item

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
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5 0 0 0 0
TOTAL This Period (last page this line number only) ▶ 7 6 5 0 0 0

2016052302001185970

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

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): ILLINOIS CITIZENS FOR LIFE
Mailing Address: 129 S SPRUCE ST APT. 202
City: WOOD DALE | State: IL | Zip Code: 60191
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☒ Primary ☐ General ☐ Other (specify) ▼
Election Cycle-to-Date ▼ 2 0 0 0 0
Date of Receipt: M M 0 2 D D 0 8 Y Y Y Y 2 0 1 6
Amount of Each Receipt this Period: 2 0 0 0 0
☐ Memo Item

B.
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
Amount of Each Receipt this Period
☐ Memo Item

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
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2 0 0 0 0

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): KENNEDY POINTE
Mailing Address: 2245 KENNEDY RD
City: BRISTOL State: IL Zip Code: 60512
Purpose of Disbursement: FUNDRAISING EVENT
Candidate Name: JAMES MARTER
Category/Type: 003
Office Sought: [ ] House [X] Senate [ ] President
State: IL District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 02 / 2016
Amount of Each Disbursement this Period: 75014
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): RL STRATEGIES
Mailing Address: 553 SONOMA DR
City: BOLINGBROOK State: IL Zip Code: 60490
Purpose of Disbursement: STAFF SALARY
Candidate Name: JAMES MARTER
Category/Type: 001
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 04 / 2016
Amount of Each Disbursement this Period: 150000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): SOUTHWEST AIRLINES
Mailing Address:
City: WASHINGTON DC State: Zip Code:
Purpose of Disbursement: AIRLINE TICKETS
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 04 / 2016
Amount of Each Disbursement this Period: 27796
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 252810

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

2016052302001859 72

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): SOUTHWEST AIRLINES
Mailing Address:
City: WASHINGTON DC State: Zip Code:
Purpose of Disbursement: AIRLINE TICKETS
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01/06/2016
Amount of Each Disbursement this Period: 2779.6
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): AWESOME CAMPAIGN.COM
Mailing Address: 1220 ST. CHARLES ST.
City: ELGIN State: IL Zip Code: 60120
Purpose of Disbursement: CAMPAIGN SIGNS
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01/11/2016
Amount of Each Disbursement this Period: 4201.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): OVERFLOW ENTERTAINMENT
Mailing Address: 2 SOUTH STREET
City: CARPENTERSVILLE State: IL Zip Code: 60110
Purpose of Disbursement: VIDEO
Candidate Name:
Category/Type: 004
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01/14/2016
Amount of Each Disbursement this Period: 10000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5478.96

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

201605230201859973

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): AWESOME CAMPAIGN SIGNS.COM
Mailing Address: 1220 ST. CHARLES ST.
City: ELGIN State: IL Zip Code: 60120
Purpose of Disbursement: CAMPAIGN SIGNS
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 20 / 2016
Amount of Each Disbursement this Period: 5195.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): MULLETS BAR & GRILL
Mailing Address: 14903 S. BELL RD.
City: HOMER GLEN State: IL Zip Code: 60491
Purpose of Disbursement: FUNDRAISING ROOM RENTAL
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 20 / 2016
Amount of Each Disbursement this Period: 375.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): AADS MARKETING AND PRINTING
Mailing Address: 1210 GREENSFIELD DR.
City: NAPERVILLE State: IL Zip Code: 60563
Purpose of Disbursement: BUSINESS CARDS/BUMPER STICKERS
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 22 / 2016
Amount of Each Disbursement this Period: 622.05
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6192.05

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

201605230200185974

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): US TREASURY
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: FILLING FEE PENALTY
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 25 / 2016
Amount of Each Disbursement this Period: 20000
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): OVERFLOW ENTERTAINMENT
Mailing Address: 2 SOUTH STREET
City: CARPENTERSVILLE State: IL Zip Code: 60110
Purpose of Disbursement: VIDEO
Candidate Name:
Category/Type: 004
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 30 / 2016
Amount of Each Disbursement this Period: 18000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): RL STRATEGIES
Mailing Address: 553 SONOMA DR.
City: BOLINGBROOK State: IL Zip Code: 60490
Purpose of Disbursement: STAFF SALARY
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2016
Amount of Each Disbursement this Period: 15000
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 35000

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

01605230200185975

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): ROSATI'S PIZZA
Mailing Address: 120 E GOLF RD,
City: SHAUMBURG State: IL Zip Code: 60173
Purpose of Disbursement: FUNDRAISING FOOD
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2016
Amount of Each Disbursement this Period: 21087
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): OFFICE DEPOT
Mailing Address: 3070 RTE 34
City: OSWEGO State: IL Zip Code: 60543
Purpose of Disbursement: INK CARTRIDGES
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 11 / 2016
Amount of Each Disbursement this Period: 45023
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): LINCOLN DAY DINNER
Mailing Address: 2956 WEST GOLF ROAD
City: ROLLING MEADOWS State: IL Zip Code: 60008
Purpose of Disbursement: STAFF SALARY
Candidate Name:
Category/Type: 007
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 11 / 2016
Amount of Each Disbursement this Period: 37000
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 103110

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

2016052302001859 76

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
JAMES MARTER FOR US SENATE

A.
Full Name (Last, First, Middle Initial): SANGAMON COUNTY LINCOLN DAY DINNER
Mailing Address: 1 CONVENTION CENTER PLAZA
City: SPRINGFIELD State: IL Zip Code: 62701
Purpose of Disbursement: CAMPAIGN EVENT
Candidate Name:
Category/Type: 007
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 11 / 2016
Amount of Each Disbursement this Period: 25000
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): AWESOME CAMPAIGN SIGNS.COM
Mailing Address: 1220 ST. CHARLES ST.
City: ELGIN State: IL Zip Code: 60120
Purpose of Disbursement: CAMPAIGN SIGNS
Candidate Name:
Category/Type: 006
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 16 / 2016
Amount of Each Disbursement this Period: 300000
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 325000

TOTAL This Period (last page this line number only) ▶ 2198021

2016052302001185977

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FO UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify) ▼

Original Amount of Loan: 27796
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 27796

TERMS Date Incurred: 01 04 2016 Date Due: / / Interest Rate: % (apr) Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FO UNITED STATES SENATE

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

☐ Memo Item

Election:
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Original Amount of Loan: 27796
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 27796

TERMS
Date Incurred: MM 01 / DD 06 / YYYY 2016
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: ☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052300185979

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FO UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Election: [X] Primary [ ] General [ ] Other (specify)

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Original Amount of Loan: 420100
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 420100

TERMS Date Incurred: MM 01 / DD 11 / YYYY 2016 Date Due: MM / DD / YYYY Interest Rate: % (apr) Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 80

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 4 OF 9

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify)

Original Amount of Loan: 1000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 1000

TERMS Date Incurred: 01/12/2016 Date Due: MM/DD/YYYY Interest Rate: % (apr) Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

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2016052302001859 81

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify) ▼

Original Amount of Loan: 2100
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 2100

TERMS Date Incurred: M M 01 D D 15 Y Y Y Y 2016
Date Due:
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify)

Original Amount of Loan: 1000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 1000

TERMS
Date Incurred: 01 / 17 / 2016
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 83

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify)

Original Amount of Loan: 1000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 1000

TERMS Date Incurred: 01/17/2016 Date Due: / / Interest Rate: % (apr) Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052020018598 4

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election:
- [X] Primary
- [ ] General
- [ ] Other (specify)

Original Amount of Loan: 3 1 9 5 0 0
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 3 1 9 5 0 0

TERMS Date Incurred: M M 0 1 / D D 2 0 / Y Y Y Y 2 0 1 6
Date Due: M M / D D / Y Y Y Y
Interest Rate: % (apr)
Secured: ☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 85

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) [ ] Memo Item
MARTER, JAMES

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [X] Primary [ ] General [ ] Other (specify)

Original Amount of Loan: 2000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 2000

TERMS Date Incurred: 01/28/2016 Date Due: MM/DD/YYYY Interest Rate: % (apr) Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

FE8AN023

201605230200185986

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election: [ ] Primary [X] General [ ] Other (specify) ▼

Original Amount of Loan: 32784
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 32784

TERMS
Date Incurred: 10 / 01 / 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶
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.

2016052302001859 87

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 30000

Cumulative Payment To Date:

Balance Outstanding at Close of This Period: 30000

TERMS

Date Incurred: MM 10 / DD 03 / YYYY 2015

Date Due: MM / DD / YYYY

Interest Rate: % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 88

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 7500
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 7500

TERMS

Date Incurred: MM 10 / DD 10 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 89

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 5000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 5000

TERMS

Date Incurred: MM 10 / DD 20 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶

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.

2016052302001855990

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 6000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 6000

TERMS

Date Incurred: MM 10 / DD 24 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶

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.

2016052302001859991

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 30000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 30000

TERMS

Date Incurred: M M 11 / D D 02 / Y Y Y Y 2015

Date Due: M M / D D / Y Y Y Y

Interest Rate: % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2015052302001859 92

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 16 OF 26

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 274
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 274

TERMS
Date Incurred: MM 11 / DD 03 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2015052302001859 93

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 2000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 2000

TERMS

Date Incurred: MM 11 / DD 06 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶

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.

2016052302001859 94

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 4000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 4000

TERMS

Date Incurred: 11 / 18 / 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859995

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 300
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 300

TERMS

Date Incurred: MM 11 / DD 18 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶

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.

2016052302001859996

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 200000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 200000

TERMS

Date Incurred: MM 11 / DD 21 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859 97

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 300000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 300000

TERMS

Date Incurred: MM 13 / DD 03 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2016052302001859998

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 1200
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 1200

TERMS

Date Incurred: MM 12 / DD 06 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2015052302001859 99

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 17696
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 17696

TERMS

Date Incurred: MM 12 / DD 17 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶

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.

2015052302001860000

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 24 OF 26

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 7863
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 7863

TERMS

Date Incurred: MM 12 / DD 17 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

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.

2015052302001860001

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO
State: IL
ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify)

Original Amount of Loan: 300000
Cumulative Payment To Date:
Balance Outstanding at Close of This Period: 300000

TERMS

Date Incurred: MM 12 / DD 31 / YYYY 2015
Date Due: MM / DD / YYYY
Interest Rate: % (apr)
Secured: [ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶ 1486217

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

2016052302001860002

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 26 OF 26

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JAMES MARTER FOR UNITED STATES SENATE

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

Mailing Address
233 FOX CHASE DRIVE NORTH

City: OSWEGO State: IL ZIP Code: 60543

Election:
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Original Amount of Loan: 1600

Cumulative Payment To Date:

Balance Outstanding at Close of This Period: 1600

TERMS

Date Incurred: MM 12 / DD 18 / YYYY 2015

Date Due: MM / DD / YYYY

Interest Rate: % (apr)

Secured: [ ] Yes [X] No

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

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

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

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

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

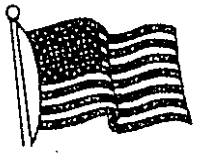
SUBTOTALS This Period This Page (optional)... ▶

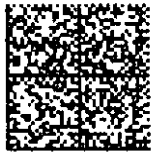
TOTALS This Period (last page in this line only)... ▶

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

2016052302001860003

2016052302001860004





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Office of Public Records
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Washington, D.C. 20013-7578

JULIE E. ADAMS
SECRETARY

DANA K. MACCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

United States Senate

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