

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 COGHILL FOR CONGRESS

ADDRESS (number and street) 781 MIDLOTHIAN ROAD #113 MUNDELEIN IL 60060 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00905372 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT IL 10

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 / 17 / 2026 in the State of IL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 01 / 01 / 2026 through 02 / 25 / 2026

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 Coghill, Kenneth, , Signature of Treasurer Coghill, Kenneth, , Date 03 / 04 / 2026

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

COGHILL 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))....	<input type="text" value="17997.87"/>	<input type="text" value="63560.77"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="17997.87"/>	<input type="text" value="63560.77"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="16770.07"/>	<input type="text" value="88158.18"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="16770.07"/>	<input type="text" value="88158.18"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="5504.01"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="34118.42"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

COGHILL FOR CONGRESS

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

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).....	13460.00	47056.00
(ii) Unitemized.....	4537.87	16504.77
(iii) TOTAL of contributions from individuals ▶	17997.87	63560.77
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17997.87	63560.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30101.42
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30101.42
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)..... ▶	17997.87	93662.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16770.07	88158.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16770.07	88158.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4276.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17997.87
25. SUBTOTAL (add Line 23 and Line 24).....	22274.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16770.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5504.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 49
(check only one)
 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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
balmes, constance, , ,

Mailing Address 337 highland rd

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 58145.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : SA11AI.5607.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 187 S Seymour Ave

City Grayslake State IL Zip Code 60030

FEC ID number of contributing federal political committee. C

Name of Employer Medela Occupation Marketing

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 300.00

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 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
59115.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : SA11AI.5638.0

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 720 Mahi'ai St. Apt. E

City Honolulu State HI Zip Code 96826

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA11AI.5602

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
57370.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : SA11AI.5602.0

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 7 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) Cain, Eileen, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2026	
Mailing Address 720 Mahi'ai St. Apt. E			Transaction ID : SA11AI.5603	
City Honolulu	State HI	Zip Code 96826	Amount of Each Receipt this Period _____ 400.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Not Employed		Occupation Not Employed		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2850.00		

Full Name (Last, First, Middle Initial) ActBlue Technical Services			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 23 / 2026	
Mailing Address PO Box 962017			Transaction ID : SA11AI.5603.0	
City Boston	State MA	Zip Code 02196	Amount of Each Receipt this Period _____ 400.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item Note: Above Contribution earmarked through this organization	
Name of Employer		Occupation		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5770.77		

Full Name (Last, First, Middle Initial) Coghill, Kenneth, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 05 / 2026	
Mailing Address 1205 Ashbrook Dr			Transaction ID : SA11AI.5702	
City Mundelein	State IL	Zip Code 60060	Amount of Each Receipt this Period _____ 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer MAMMC Solutions		Occupation VP Administration		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 3245.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 700.00
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 8 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Harnicker, Randy, , ,

Mailing Address 703 Greenbriar Ln

City Lindenhurst	State IL	Zip Code 60046
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FEC ID number of contributing federal political committee.

Name of Employer Leviton	Occupation Sales Representative
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5410

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5410.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 2081 Buckley Re

City Libertyville	State IL	Zip Code 60048
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FEC ID number of contributing federal political committee.

Name of Employer PureSleepClinic	Occupation Service
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
45252.53

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : SA11AI.5312.0

Amount of Each Receipt this Period
1000.00

Memo Item
Note: Above Contribution earmarked through this organization

B. Full Name (Last, First, Middle Initial)
Hoak, Bradford D, ,

Mailing Address 1632 Robin Hood Pl

City Highland Park State IL Zip Code 60035-2234

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56630.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2026

Transaction ID : SA11AI.5461.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	500.00
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 10 OF 49	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hoak, Grace, , ,

Mailing Address 1632 Robin Hood Pl

City Highland Park	State IL	Zip Code 60035
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FEC ID number of contributing federal political committee.

Name of Employer School	Occupation Occupational therapist
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5399.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 600 N McClurg Ct Apt 1107

City No City Provided	State IL	Zip Code 60035
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FEC ID number of contributing federal political committee.

Name of Employer HMH	Occupation Account Executive
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

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

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 11 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5397.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 3232 N. Halsted Street

City Chicago	State IL	Zip Code 60657
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5645.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jimenez, Mauricio, , ,

Mailing Address 2117 Richmond St.

City Grand Rapids	State MI	Zip Code 49504
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5401.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 2117 Richmond St.

City Grand Rapids	State MI	Zip Code 49504
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5455.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 14155 W Rodmell Ct

City Libertyville	State IL	Zip Code 60048
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FEC ID number of contributing federal political committee.

Name of Employer United woundcare institute	Occupation Physician
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5361.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 49
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Knoblauch, Patricia, , ,

Mailing Address 594 Harvard Ct

City Lindenhurst State IL Zip Code 60046

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2026

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period
500.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 54760.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2026

Transaction ID : SA11AI.5417.0

Amount of Each Receipt this Period
500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 21859 W Lake Ave

City Round Lake State IL Zip Code 60073

FEC ID number of contributing federal political committee. C

Name of Employer Not employed Occupation Not employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 05 / 2026

Transaction ID : SA11AI.5704

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 49
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Logan, Todd, , ,

Mailing Address 720 Bluff Street

City GLENCOE State IL Zip Code 60022-1505

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Playwright

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2026

Transaction ID : SA11AI.5349

Amount of Each Receipt this Period
2500.00

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50860.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2026

Transaction ID : SA11AI.5349.0

Amount of Each Receipt this Period
2500.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 1145 Walnut Lane

City Northbrook State IL Zip Code 60962

FEC ID number of contributing federal political committee. C

Name of Employer Harvest Outdoor Occupation Sales

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : SA11AI.5707

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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 16 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Moore, Susan, , ,

Mailing Address 25641 W North Ave

City Antioch	State IL	Zip Code 60002-8957
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Tiffany Senior Apartments	Occupation Property Manager
---	--------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5470.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 10 Farmington rd

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self employed	Occupation Physican
-----------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="750.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5443.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 10 Farmington rd

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Self employed	Occupation Physican
-----------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5623.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="500.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 49
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Newyear, Keith, , ,

Mailing Address 1543 South Candlestick Way

City Waukegan State IL Zip Code 60085

FEC ID number of contributing federal political committee.

Name of Employer Wolters Kluwer Occupation IT Consultant

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5406.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 207 W 1st St

City Hume State IL Zip Code 61932

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Abbott Scientist

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.5705

Amount of Each Receipt this Period

Memo Item

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

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 19 OF 49	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
schlake, richard, , ,

Mailing Address 185 w depot st

City antioch	State IL	Zip Code 60002
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5625.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 720 Bluff St

City Glencoe	State IL	Zip Code 60022
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

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

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 20 OF 49
<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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="46307.53"/>

Date of Receipt
 / /

Transaction ID : SA11AI.5315.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address 720 Bluff St

City Glencoe	State IL	Zip Code 60022
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>

Date of Receipt
 / /

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

Memo Item
Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="47807.53"/>

Date of Receipt
 / /

Transaction ID : SA11AI.5316.0

Amount of Each Receipt this Period

Memo Item
Note: Above Contribution earmarked through this organization

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

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 21 OF 49
<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)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Winkler, Darleen, , ,

Mailing Address 736 Woodlawn Ave

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5356

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5356.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address 246 North Deer Isle Road

City Deer Isle	State ME	Zip Code 04627
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer CSD #13 Deer Isle Maine	Occupation Educator
---	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5400

Amount of Each Receipt this Period

Memo Item
 Earmarked Contribution: See Below

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

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 22 OF 49	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ActBlue Technical Services

Mailing Address PO Box 962017

City Boston	State MA	Zip Code 02196
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.5400.0

Amount of Each Receipt this Period

Memo Item
 Note: Above Contribution earmarked through this organization

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

Mailing Address

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

FEC ID number of contributing federal political committee.

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.

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).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="13460.00"/>

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COGHILL FOR CONGRESS

A. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 7.47

Transaction ID : SB17.5473

Memo Item

B. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 153.38

Transaction ID : SB17.5474

Memo Item

C. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 159.12

Transaction ID : SB17.5475

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 319.97

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 24 OF 49	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 32.15

Transaction ID : SB17.5476

Memo Item

Full Name (Last, First, Middle Initial)
B. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 74.94

Transaction ID : SB17.5477

Memo Item

Full Name (Last, First, Middle Initial)
C. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 38.68

Transaction ID : SB17.5478

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 145.77

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 49	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 53.87

Transaction ID : SB17.5479

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 107.93

Transaction ID : SB17.5591

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement merchant and credit card fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 6.73

Transaction ID : SB17.5592

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 168.53

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 26 OF 49			
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement			
A. Amalgamated Bank		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>01 / 29 / 2026</td> </tr> </table>		M M / D D / Y Y Y Y	01 / 29 / 2026
M M / D D / Y Y Y Y					
01 / 29 / 2026					
Mailing Address 1825 K St		FEC Identification Number			
City Washington	State DC	Zip Code 20006	C		
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period			
Candidate Name		51.96			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.5291			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item			
State: District:					

Full Name (Last, First, Middle Initial)		Date of Disbursement			
B. Bison Strategies		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>01 / 13 / 2026</td> </tr> </table>		M M / D D / Y Y Y Y	01 / 13 / 2026
M M / D D / Y Y Y Y					
01 / 13 / 2026					
Mailing Address 2038 Ford Pkway		FEC Identification Number			
City St. Paul	State MN	Zip Code 55116	C		
Purpose of Disbursement compliance consulting		Amount of Each Disbursement this Period			
Candidate Name		1100.00			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.5293			
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item			
State: District:					

Full Name (Last, First, Middle Initial)		Date of Disbursement			
C. Clear Channel Outdoor		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>02 / 06 / 2026</td> </tr> </table>		M M / D D / Y Y Y Y	02 / 06 / 2026
M M / D D / Y Y Y Y					
02 / 06 / 2026					
Mailing Address 4830 North Loop 1604 West Suite 111		FEC Identification Number			
City San Antonio	State TX	Zip Code 78249	C		
Purpose of Disbursement outdoor advertising		Amount of Each Disbursement this Period			
Candidate Name		1982.51			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.5300			
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item			
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3134.47
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 27 OF 49			
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Minuteman Printing		M M / D D / Y Y Y Y 01 / 20 / 2026	
Mailing Address 1249 N Clybourn Ave		FEC Identification Number	
City Chicago	State IL	Zip Code 60610	C
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		730.00	
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.5294	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Minuteman Printing		M M / D D / Y Y Y Y 01 / 22 / 2026	
Mailing Address 1249 N Clybourn Ave		FEC Identification Number	
City Chicago	State IL	Zip Code 60610	C
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		2145.00	
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.5295	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Minuteman Printing		M M / D D / Y Y Y Y 02 / 12 / 2026	
Mailing Address 1249 N Clybourn Ave		FEC Identification Number	
City Chicago	State IL	Zip Code 60610	C
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		2999.00	
Office Sought:	Disbursement For: 2026	Transaction ID : SB17.5297	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼		
<input type="checkbox"/> President			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5874.00
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 28 OF 49	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Minuteman Printing		M M / D D / Y Y Y Y 02 / 13 / 2026	
Mailing Address 1249 N Clybourn Ave		FEC Identification Number	
City Chicago	State IL	Zip Code 60610	C
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period
Candidate Name			346.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5296
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Outfront Media		M M / D D / Y Y Y Y 02 / 02 / 2026	
Mailing Address 1233 W Monroe St		FEC Identification Number	
City Chicago	State IL	Zip Code 60607	C
Purpose of Disbursement outdoor advertising		Category/Type	Amount of Each Disbursement this Period
Candidate Name			3771.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5292
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. PAD Consulting		M M / D D / Y Y Y Y 01 / 13 / 2026	
Mailing Address 400 SW 11th St		FEC Identification Number	
City Des Moines	State IA	Zip Code 50309	C
Purpose of Disbursement Strategy Consulting		Category/Type	Amount of Each Disbursement this Period
Candidate Name			1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.5287
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5617.00
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 29 OF 49			
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Red Head Creative		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026
Mailing Address 1328 Edington Ln		FEC Identification Number C
City Mendelein	State IL	Zip Code 60060
Purpose of Disbursement		Amount of Each Disbursement this Period 450.00
Candidate Name		Transaction ID : SB17.5298
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 20 Davis Drive		FEC Identification Number C
City Belmont	State CA	Zip Code 94002
Purpose of Disbursement software		Amount of Each Disbursement this Period 46.00
Candidate Name		Transaction ID : SB17.5290
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Weglot		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 7 Cite Paradis		FEC Identification Number C
City Paris	State ZZ	Zip Code 75010
Purpose of Disbursement software		Amount of Each Disbursement this Period 34.08
Candidate Name		Transaction ID : SB17.5288
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	530.08
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 49	
	<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)
COGHILL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Weglot		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 7 Cite Paradis		FEC Identification Number C
City Paris	State ZZ	Zip Code 75010
Purpose of Disbursement software		Amount of Each Disbursement this Period 34.25
Candidate Name	Category/ Type	Transaction ID : SB17.5555
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Which Side Digital		Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address 9710 Park Plaza Ave		FEC Identification Number C
City Louisville	State KY	Zip Code 40241
Purpose of Disbursement Digital Strategy		Amount of Each Disbursement this Period 900.00
Candidate Name	Category/ Type	Transaction ID : SB17.5289
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	934.25
TOTAL This Period (last page this line number only).....▶	16724.07

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4179**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
COGHILL, MORGAN, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate
MUNDELEIN IL	60060	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 22 / 2025	M M / D D / Y Y Y Y	% (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	Amount Guaranteed Outstanding:
State	ZIP Code
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	ZIP Code
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	ZIP Code
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	ZIP Code

SUBTOTALS This Period This Page (optional).....▶	2000.00
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) **Transaction ID : SC/10.4099**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
COGHILL, MORGAN, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113		<input type="checkbox"/> General
City: MUNDELEIN State: IL ZIP Code: 60060		<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3600.00	0.00	3600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 30 / 2025			<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).....▶	3600.00
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) **Transaction ID : SC/10.4735**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 24 / 2025			<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).....▶	100.00
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) **Transaction ID : SC/10.4736**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 24 / 2025	M M / D D / Y Y Y Y	% (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).....▶	100.00
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) **Transaction ID : SC/10.4728**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 28 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2500.00
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) **Transaction ID : SC/10.4732**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
747.42	0.00	747.42

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 04 / 2025	M M / D D / Y Y Y Y	% (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).....▶	747.42
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) **Transaction ID : SC/10.4737**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 24 / 2025			<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).....▶	100.00
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) Transaction ID : SC/10.4730
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item COGHILL, MORGAN, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> Personal Funds of the Candidate
City MUNDELEIN	State IL	ZIP Code 60060	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 28 / 2025	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1000.00
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) **Transaction ID : SC/10.5259**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1138.00	0.00	1138.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 30 / 2025	M M / D D / Y Y Y Y	% (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).....▶	1138.00
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) **Transaction ID : SC/10.5268**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35.00	0.00	35.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 07 / 2025	M M / D D / Y Y Y Y	% (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).....▶	35.00
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) **Transaction ID : SC/10.5260**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2700.00	0.00	2700.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 14 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2700.00
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) **Transaction ID : SC/10.5265**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900.00	0.00	900.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 20 / 2025	M M / D D / Y Y Y Y	% (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).....▶	900.00
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) **Transaction ID : SC/10.5263**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1281.00	0.00	1281.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 25 / 2025	M M / D D / Y Y Y Y	% (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).....▶	1281.00
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) **Transaction ID : SC/10.5261**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 26 / 2025	M M / D D / Y Y Y Y	% (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).....▶	4000.00
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) **Transaction ID : SC/10.5264**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
COGHILL, MORGAN, , ,		<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113		<input type="checkbox"/> General
City State ZIP Code		<input type="checkbox"/> Other (specify) ▼
MUNDELEIN IL 60060		<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
901.25	0.00	901.25

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 03 / 2025	M M / D D / Y Y Y Y	% (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).....▶	901.25
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) **Transaction ID : SC/10.5262**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 12 / 2025	M M / D D / Y Y Y Y	% (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).....▶	4000.00
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) **Transaction ID : SC/10.5266**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
COGHILL, MORGAN, , ,			<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	60060	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2463.75	0.00	2463.75

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 14 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2463.75
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) **Transaction ID : SC/10.5267**
COGHILL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
COGHILL, MORGAN, , ,		<input type="checkbox"/> Primary
Mailing Address 781 S. MIDLOTHIAN ROAD #113		<input type="checkbox"/> General
City	State	<input type="checkbox"/> Other (specify) ▼
MUNDELEIN	IL	
ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate	
60060		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2535.00	0.00	2535.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 26 / 2025	M M / D D / Y Y Y Y	% (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).....▶	2535.00
TOTALS This Period (last page in this line only).....▶	30101.42

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COGHILL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): website reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="754.00"/>	Transaction ID : SD10.4242
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="754.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): Digital Media Reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="3168.00"/>	Transaction ID : SD10.4244
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="3168.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGHILL, MORGAN, , ,			Nature of Debt (Purpose): software reimbursement
Mailing Address 781 S. MIDLOTHIAN ROAD #113			
City MUNDELEIN	State IL	Zip Code 60060	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="95.00"/>	Transaction ID : SD10.4245
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="95.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input style="width:100%;" type="text" value="4017.00"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%;" type="text" value="4017.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input style="width:100%;" type="text" value="30101.42"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text" value="34118.42"/>