

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

ADDRESS (number and street) **PO BOX 78**  
Check if different than previously reported. (ACC) **CHICAGO IL 60690-0078**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00005926** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 **POLLASTRINI, LAURA, , ,**

Signature of Treasurer **POLLASTRINI, LAURA, , ,** Date  /  /

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 3X (Rev. 05/2016)

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY - FEDERAL

Report Covering the Period: From: 04 / 01 / 2024 To: 04 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		364723.88
(b) Cash on Hand at Beginning of Reporting Period.....	499786.76	
(c) Total Receipts (from Line 19) .....	45914.72	810261.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	545701.48	1174985.18
7. Total Disbursements (from Line 31).....	56992.52	686301.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	488708.96	488683.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY - FEDERAL

Report Covering the Period: From: 04 / 01 / 2024 To: 04 / 30 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24688.00	495613.36
(ii) Unitemized .....	982.60	81468.41
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	25670.60	577081.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3250.00	128510.25
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28920.60	705592.02
12. Transfers From Affiliated/Other Party Committees.....	16994.12	104590.95
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	78.33
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45914.72	810261.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45914.72	810261.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	4926.40	56306.71
(ii) Non-Federal Share.....	12667.93	144788.72
(b) Other Federal Operating Expenditures .....	10471.99	290745.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28066.32	491840.65
22. Transfers to Affiliated/Other Party Committees.....	15000.00	90000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	6388.00	14526.56
(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 28(a), (b), and (c)).....	6388.00	14526.56
29. Other Disbursements (Including Non-Federal Donations).....	0.00	50.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	7538.20	89884.01
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	7538.20	89884.01
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56992.52	686301.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44324.59	541512.50

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28920.60	705592.02
34. Total Contribution Refunds (from Line 28(d)) .....	6388.00	14526.56
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22532.60	691065.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15398.39	347051.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	78.33
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15398.39	346973.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. FERGUSON, MELINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9142 TROON LAKES DRIVE  
 City NAPLES State FL Zip Code 34109-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : AFA650FAC62D144E2AE4**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. STRUMILLO, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6950 VERDE WAY  
 City NAPLES State FL Zip Code 34108-7569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : AF63E586DDA6840CCB57**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. YODER, AMOS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4951 GULF SHORE BLVD N UNIT 302  
 City NAPLES State FL Zip Code 34103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A3EDFC4E9A7904CCEBA2**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. EDDY, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11797 N 1150TH ST  
 City ROBINSON State IL Zip Code 62454-5311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A149F460D430D4C2D94D**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. WILHELM, PHYLLIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 MOORINGS PARK DR APT C-304  
 City NAPLES State FL Zip Code 34105-2194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A3187EE47D6BA473DA50**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. MECKERT, LAUREEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 355 WESTWOOD DR  
 City BARRINGTON State IL Zip Code 60010-4149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A7642F6A6DEB743E885F**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. LEVI, AGNES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2229 GREENSIDE DR  
 City SPRINGFIELD State IL Zip Code 62704-3245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A4619DB2B17D843AB842**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. BUNN, ROBERT, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1621 S WIGGINS AVE  
 City SPRINGFIELD State IL Zip Code 62704-3371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : AE81BBA224E854286ACF**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. YEH-KANE, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4920 FOXHALL LN  
 City SPRINGFIELD State IL Zip Code 62711-6704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PRAIRIE EYE CENTER Occupation (for Individual) OPTHOMOLOGIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A0E8C47BE2881421189F**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. OBERWEIS, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4991 BONITA BAY BLVD UNIT 2702  
 City BONITA SPRINGS State FL Zip Code 34134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ILLINOIS Occupation (for Individual) STATE SENATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A8DC121317EF94082BA5**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. ISRINGHAUSEN, GEOFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 ORCHARD LANE  
 City SPRINGFIELD State IL Zip Code 62712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ISRINGHAUSEN IMPORTS Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A8160F329AA4847DCA9B**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. MIZEUR, LEON, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2007 W LAUREL ST  
 City SPRINGFIELD State IL Zip Code 62704-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A43197E5640A74C86AA3**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 32
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. ZAJICEK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 TANGLEWOOD DR  
 City FREEPORT State IL Zip Code 61032-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE RENTALS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : AC8AEAAE960DD4A42925**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. CRUMLY, KEVIN, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 804 WOOD POINTE DR  
 City SPRINGFIELD State IL Zip Code 62702-3363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TROXELL FINANCIAL Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : AFC1A628F079A4BAAA5A**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. TRACY, JAMES, WILLIAM, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1628 FIELDSTONE DR  
 City QUINCY State IL Zip Code 62305-6699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DOT FOODS Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A53E875FD4CEF4816B93**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. KOLBER, VINCENT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 W MADISON ST  
 STE 2200  
 City CHICAGO State IL Zip Code 60602-4383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESIDCO Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A60658D37FD9547E1ADD**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. SKINNER, SAMUEL, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10  
 City BOCA GRANDE State FL Zip Code 33921-0010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREENBERG TRAURIG Occupation (for Individual) ATTORNEY OF COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A84095AA358B6447F879**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. ZOOK, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 745 LOCUST ST  
 City WINNETKA State IL Zip Code 60093-2013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KIRKLAND & ELLIS, LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2024  
**Transaction ID : A743C5AA82B7E4243A34**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KOLBER, VINCENT, A., ,

Mailing Address 70 W MADISON ST  
STE 2200

City CHICAGO State IL Zip Code 60602-4383

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

Name of Employer (for Individual) RESIDCO Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2024

Transaction ID : **AC1B7B4C3D51F422592B**

Amount of Each Receipt this Period  
6388.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6388.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24688.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1885

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2024

Transaction ID : **AF203EEC36B3C4A578CA**

Amount of Each Receipt this Period  
3250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. NRSC VICTORY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00837518

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
96223.37

Date of Receipt  
04 / 26 / 2024  
Transaction ID : AA907FA57290640D1836

Amount of Each Receipt this Period  
16994.12

Memo Item  
TRANSFER FROM AUTHORIZED COMMITTEE

**B. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898-0505

FEC ID number of contributing federal political committee. **C** C00480228

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
757.61

Date of Receipt  
03 / 26 / 2024  
Transaction ID : A793D9D7B1A6A49EB8C5

Amount of Each Receipt this Period  
757.61

Memo Item

**C. DIRIGO PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1355

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00391797

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2575.79

Date of Receipt  
03 / 27 / 2024  
Transaction ID : AE4F32C2052774F41BE4

Amount of Each Receipt this Period  
2575.79

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16994.12
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. BLUEGRASS COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2024

**Transaction ID : A626755B4CC70433A9E7**

Amount of Each Receipt this Period  
312.50

Memo Item

**B. MAKING INVESTMENTS TOWARD CONSERVATIVE HEROES PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00760348

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2328.13

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2024

**Transaction ID : AD07ECA6097C2453EA04**

Amount of Each Receipt this Period  
2328.13

Memo Item

**C. MONTANA RED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00739003

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
757.58

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2024

**Transaction ID : A8C2BF122CF05472E9EC**

Amount of Each Receipt this Period  
757.58

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Mailing Address **PO BOX 3241**

City **BRENTWOOD** State **TN** Zip Code **37024**

FEC ID number of contributing federal political committee. **C C00409276**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1363.67**

Date of Receipt  
**04 / 08 / 2024**

**Transaction ID : A1AA8A67FB3AF4B269A2**

Amount of Each Receipt this Period  
**1363.67**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ALAMO PAC**

Mailing Address **919 CONGRESS AVENUE  
SUITE 1400**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00387464**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**151.55**

Date of Receipt  
**04 / 08 / 2024**

**Transaction ID : AF6920D9FF2DF4F60ACD**

Amount of Each Receipt this Period  
**151.55**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. COMMON VALUES PAC**

Mailing Address **901 N WASHINGTON ST, SUITE 700**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00442368**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2575.79**

Date of Receipt  
**04 / 16 / 2024**

**Transaction ID : A4246DE76CFB34F02844**

Amount of Each Receipt this Period  
**2575.79**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. TOMORROW IS MEANINGFUL PAC - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7620 RIVERS AVE  
STE 370

City NORTH CHARLESTON State SC Zip Code 29406-5008

FEC ID number of contributing federal political committee. **C** C00827519

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 151.55

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2024

**Transaction ID : A6F43715411DD4A55814**

Amount of Each Receipt this Period  
151.55

Memo Item

**B. PENNSYLVANIA HONOR**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 23537

City PITTSBURGH State PA Zip Code 15222-6537

FEC ID number of contributing federal political committee. **C** C00851998

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2424.27

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2024

**Transaction ID : A276C9FEFDD9347DAB36**

Amount of Each Receipt this Period  
2424.27

Memo Item

**C. GOLUB, LAWRENCE, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 PARK AVE

City NEW YORK State NY Zip Code 10166-0005

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

Name of Employer (for Individual) Occupation (for Individual)  
GOLUB CAPITAL CEO

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ 669.70

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2024

**Transaction ID : AA92C668F9169428DA96**

Amount of Each Receipt this Period  
669.70

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TAYLOR, BRUCE, , ,**

Mailing Address 13960 CASTLEROCK RD

City SALINAS	State CA	Zip Code 93908-9306
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) TAYLOR FRESH FOODS	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : ABAD395C8F6D9452F9DE**

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BEAN, BILLY, G., ,**

Mailing Address 7108 COVINGTON RD

City FORT WAYNE	State IN	Zip Code 46804-1506
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AFAFCF67ADF2349C988F**

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FISHER, KENNETH, , ,**

Mailing Address 5700 NW FISHER CREEK DR  
STE 100

City CAMAS	State WA	Zip Code 98607-9534
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) FISHER INVESTMENTS,INC.	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A702F59A0008D4E8090D**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A. FAIR, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 17TH ST  
 City DENVER State CO Zip Code 80202-5534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALDEN TORCH FINANCIAL Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6400.00

Date of Receipt **04 / 03 / 2024**  
**Transaction ID : A62886B2597AA4B9480C**  
 Amount of Each Receipt this Period 6400.00  
 Memo Item

**B. FISHER, SHERRILYN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2133 PORTOFINO DR.  
 City ROCKWALL State TX Zip Code 75032-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLANO 6550 LLC Occupation (for Individual) MEMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1054.85

Date of Receipt **03 / 27 / 2024**  
**Transaction ID : ADCE9F70C475444B290C**  
 Amount of Each Receipt this Period 1054.85  
 Memo Item

**C. LINDNER III, CARL, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 E 4TH ST STE 405  
 City CINCINNATI State OH Zip Code 45202-4245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN FINANCIAL GROUP Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 669.70

Date of Receipt **04 / 22 / 2024**  
**Transaction ID : A05883FCF86504A52BA9**  
 Amount of Each Receipt this Period 669.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY - FEDERAL**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
LINDNER, MARTHA, , ,

Mailing Address 9906 WINTER GREEN DR

City SPRING GROVE	State IL	Zip Code 60081-8980
----------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) INVESTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
669.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		22		2024

**Transaction ID : ADA8B7225E23A431A995**

Amount of Each Receipt this Period  
669.70

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16994.12

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL STREET

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2024

City  
ROCHESTER

State  
NY

Zip Code  
14625-2311

FEC Identification Number

C [REDACTED]

**Transaction ID : B4C368CCA7**

Amount of Each Disbursement this Period

[REDACTED] 138.90

Memo Item

Purpose of Disbursement  
PAYROLL FEES

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. NIEMANN FOODS INC**

Mailing Address 4830 BROADWAY ST

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2024

City  
QUINCY

State  
IL

Zip Code  
62305-9113

FEC Identification Number

C [REDACTED]

**Transaction ID : B8314531AE7**

Amount of Each Disbursement this Period

[REDACTED] 1572.22

Memo Item

Purpose of Disbursement  
FOOD AND BEVERAGE

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. BELLA MILANO**

Mailing Address 1063 IL-157

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2024

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025

FEC Identification Number

C [REDACTED]

**Transaction ID : BE9B4DB051**

Amount of Each Disbursement this Period

[REDACTED] 1972.36

Memo Item

Purpose of Disbursement  
FOOD AND BEVERAGE

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

[REDACTED] 3683.48

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. NUMINAR INC**

Mailing Address 1201 WILSON BLVD

City  
ARLINGTON

State  
VA

Zip Code  
22209-2300

Purpose of Disbursement

DATABASE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL STREET

City  
ROCHESTER

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL STREET

City  
ROCHESTER

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement

PAYROLL FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL STREET

City  
ROCHESTER

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement  
PAYROLL FEES

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2024

FEC Identification Number

C [ ]

**Transaction ID : B852CA424D**

Amount of Each Disbursement this Period

[ ] 151.85 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

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

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

[ ] 151.85 [ ]

[ ] 10416.29 [ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

### A. NRSC

Mailing Address 425 2ND ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002-4914

Purpose of Disbursement  
TRANSFER TO AUTHORIZED COMMITTEE

008

Category/  
Type

Candidate Name

NRSC

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2024

FEC Identification Number

C C00027466

Transaction ID : BF071BCF20

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

15000.00

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

15000.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. KOLBER, VINCENT, A., ,**

Mailing Address 70 W MADISON ST  
STE 2200

City  
CHICAGO

State  
IL

Zip Code  
60602-4383

Purpose of Disbursement  
REFUND OF CONTRIBUTIONS

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2024

FEC Identification Number

C [ ]

Transaction ID : B8A866E1FD  
Amount of Each Disbursement this Period

[ ] 6388.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 6388.00

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

[ ] 6388.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL STREET

City  
ROCHESTER

State  
NY

Zip Code  
14625-2311

Purpose of Disbursement  
PAYROLL WAGES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2024

FEC Identification Number

**C**

**Transaction ID : BB28789B5C**

Amount of Each Disbursement this Period

7538.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHOI, TOMMY, , ,**

Mailing Address 3028 GREENLEAF AVE

City  
WILMETTE

State  
IL

Zip Code  
60091-2155

Purpose of Disbursement  
WAGES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2024

FEC Identification Number

**C**

**Transaction ID : B8A92065ACI**

Amount of Each Disbursement this Period

2728.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. MURPHY, ERIC, , ,**

Mailing Address 310 E CHESTNUT STREET

City  
CHATHAM

State  
IL

Zip Code  
62629-1420

Purpose of Disbursement  
WAGES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2024

FEC Identification Number

**C**

**Transaction ID : B48AE8136C**

Amount of Each Disbursement this Period

1736.83

Memo Item

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

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

7538.20

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ILLINOIS REPUBLICAN PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

**A. JANES, MATTHEW, , ,**

Mailing Address 2011 S WALNUT ST

City  
SPRINGFIELD

State  
IL

Zip Code  
62704-4527

Purpose of Disbursement

WAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : BD7B6C2CBI

Amount of Each Disbursement this Period

3072.60

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

7538.20

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 ILLINOIS REPUBLICAN PARTY - FEDERAL

Transaction ID : H175351049C13438AB

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY - FEDERAL

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H44B076E855244D3. CAMPAIGN NUCLEUS. Mailing Address 800 BOYLSTON ST. SUITE 1410. City BOSTON, State MA, Zip Code 02199-2100. Purpose of Disbursement: OFFICE SUBSCRIPTIONS. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 04/01/2024. Year-To-Date: 184086.03. Summary: FEDERAL SHARE 163.78, NONFEDERAL SHARE 421.15, TOTAL AMOUNT 584.93.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H7583F0C954A7439C. GOOGLE, INC. Mailing Address 1600 AMPHITHEATRE PKWY. City MOUNTAIN VIEW, State CA, Zip Code 94043-1351. Purpose of Disbursement: WEBSITE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 04/02/2024. Year-To-Date: 191008.03. Summary: FEDERAL SHARE 20.16, NONFEDERAL SHARE 51.84, TOTAL AMOUNT 72.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : HA7A0ED9DD50D4F. MADELLA STRATEGIES LLC. Mailing Address 2821 HAVERHILL ROAD. City SPRINGFIELD, State IL, Zip Code 62711-4071. Purpose of Disbursement: PAYROLL. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 04/02/2024. Year-To-Date: 191008.03. Summary: FEDERAL SHARE 1918.00, NONFEDERAL SHARE 4932.00, TOTAL AMOUNT 6850.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2101.94, 5404.99, 7506.93.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) ILLINOIS REPUBLICAN PARTY - FEDERAL

A. Full Name (Last, First, Middle Initial) Transaction ID : HA2131A982E30459 ... K2 AND CO ... Mailing Address 1117 MACEY WAY ... City STILLWATER State MN Zip Code 55082-4591 ... Purpose of Disbursement: COMMUNICATION CONSULTING ... Activity or Event Identifier: ADMINISTRATIVE ... Allocated Activity or Event: Administrative [checked] ... Allocated Activity or Event Year-To-Date 195747.93 ... Date 04 / 03 / 2024 ... FEDERAL SHARE 700.00 + NONFEDERAL SHARE 1800.00 = TOTAL AMOUNT 2500.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H91DA524BAA2F48: ... AMAZON ... Mailing Address 410 TERRY AVE N ... City SEATTLE State WA Zip Code 98109 ... Purpose of Disbursement: OFFICE SUPPLIES ... Activity or Event Identifier: ADMINISTRATIVE ... Allocated Activity or Event: Administrative [checked] ... Allocated Activity or Event Year-To-Date 195747.93 ... Date 04 / 03 / 2024 ... FEDERAL SHARE 258.13 + NONFEDERAL SHARE 663.77 = TOTAL AMOUNT 921.90

C. Full Name (Last, First, Middle Initial) Transaction ID : H14F1E4C503B948C ... PUBLIC STORAGE ... Mailing Address 341 SOUTH FRONTAGE ROAD ... City WILLOWBROOK State IL Zip Code 60527-5804 ... Purpose of Disbursement: STORAGE FEES ... Activity or Event Identifier: ADMINISTRATIVE ... Allocated Activity or Event: Administrative [checked] ... Allocated Activity or Event Year-To-Date 195747.93 ... Date 04 / 03 / 2024 ... FEDERAL SHARE 189.28 + NONFEDERAL SHARE 486.72 = TOTAL AMOUNT 676.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1147.41, 2950.49, 4097.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [empty], [empty], [empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full) ILLINOIS REPUBLICAN PARTY - FEDERAL

A. Full Name (Last, First, Middle Initial) Transaction ID : H40C1E7EC75F0476 PUBLIC STORAGE Mailing Address 341 SOUTH FRONTAGE ROAD City WILLOWBROOK State IL Zip Code 60527-5804 Purpose of Disbursement: STORAGE FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC [ ] Allocated Activity or Event Year-To-Date 195747.93 Date 04 / 03 / 2024 FEDERAL SHARE 179.76 + NONFEDERAL SHARE 462.24 = TOTAL AMOUNT 642.00

B. Full Name (Last, First, Middle Initial) Transaction ID : HD2AB5A4C2834491 SUBWAY Mailing Address 7280 GA-16 SUITE F City SENOIA State GA Zip Code 30276-3414 Purpose of Disbursement: FOOD AND BEVERAGE Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC [ ] Allocated Activity or Event Year-To-Date 195849.57 Date 04 / 05 / 2024 FEDERAL SHARE 28.46 + NONFEDERAL SHARE 73.18 = TOTAL AMOUNT 101.64

C. Full Name (Last, First, Middle Initial) Transaction ID : HC3592405ED3B406 RING CENTRAL Mailing Address 999 BAKER WAY City SAN MATEO State CA Zip Code 94404 Purpose of Disbursement: OFFICE SUBSCRIPTION Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC [ ] Allocated Activity or Event Year-To-Date 195951.90 Date 04 / 08 / 2024 FEDERAL SHARE 28.65 + NONFEDERAL SHARE 73.68 = TOTAL AMOUNT 102.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 236.87, 609.10, 845.97

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [ ], [ ], [ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY - FEDERAL

Form A: WEST BEND MUTUAL INSURANCE. Transaction ID: HE263862F9131467E. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: COMCAST. Transaction ID: H8A5C44AA18AB4B. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: HEALTH CARE SERVICES CORPORATION. Transaction ID: H7D538883C84548F. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 1440.18, NONFEDERAL SHARE 3703.35, TOTAL AMOUNT 5143.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE 4926.40, NONFEDERAL SHARE 12667.93, TOTAL AMOUNT 17594.33