

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 ESTHER FOR CONGRESS

ADDRESS (number and street) 801 BEND BLVD APT 313 EAST MOLINE IL 61244-1212 CITY STATE ZIP CODE

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00716498 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT IL 17

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

5. Covering Period M M / D D / Y Y Y Y 11 / 24 / 2020 through M M / D D / Y Y Y Y 12 / 31 / 2020

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 KILGORE, PAUL, , , Signature of Treasurer KILGORE, PAUL, , , [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 29 / 2021

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 05/2016)

Write or Type Committee Name
ESTHER 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))....	3310.11	6543.05
(b) Total Contribution Refunds (from Line 20(d))	6800.00	6800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 3489.89	- 256.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14464.41	44023.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	438.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14464.41	43585.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	576.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10150.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ESTHER 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).....	800.00	2100.00
(ii) Unitemized.....	2510.11	4443.05
(iii) TOTAL of contributions from individuals ▶	3310.11	6543.05
(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))..	3310.11	6543.05
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	8650.00	8650.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	8650.00	8650.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	438.56
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1024.00	1024.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12984.11	16655.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14464.41	44023.98
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	6800.00	6800.00
(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)).....	6800.00	6800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21264.41	50823.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8856.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12984.11
25. SUBTOTAL (add Line 23 and Line 24).....	21840.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21264.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	576.47

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 29
(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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLARK, DAVID, REID, MR.,

Mailing Address 400 E BROADWAY

City MONMOUTH	State IL	Zip Code 61462-1866
------------------	-------------	------------------------

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

Name of Employer CLARK AND GLASGOW	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2020

Transaction ID : A5156545D06EE49D99EC

Amount of Each Receipt this Period
500.00

Memo Item

SEE REATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CLARK, DAVID, REID, MR.,

Mailing Address 400 E BROADWAY

City MONMOUTH	State IL	Zip Code 61462-1866
------------------	-------------	------------------------

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

Name of Employer CLARK AND GLASGOW	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : A7AE4CCA17E964378B74

Amount of Each Receipt this Period
- 200.00

Memo Item

REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
CLARK, BARBARA, A, ,

Mailing Address 9890 HICKORY HILLS RD

City ROCK FALLS	State IL	Zip Code 61071-9343
--------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
-------------------------------------------	-------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : ADF18C683BCDF477A814

Amount of Each Receipt this Period
200.00

Memo Item

REATTRIBUTION TO

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 29	
<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	

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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LARSON, KIRK, , ,

Mailing Address 766 ORENO CIR

City FOLSOM	State CA	Zip Code 95630-6360
----------------	-------------	------------------------

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

Name of Employer CA WATER BOARD	Occupation GEOLOGIST
------------------------------------	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , **300.00**

Date of Receipt
 / /

Transaction ID : ABEFD4F1648EF470CAF4

Amount of Each Receipt this Period
 , , **100.00**

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , **6509.05**

Date of Receipt
 / /

Transaction ID : AE8EAFE4A94514C8E941

Amount of Each Receipt this Period
 , , **100.00**

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 766 ORENO CIR

City FOLSOM	State CA	Zip Code 95630-6360
----------------	-------------	------------------------

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

Name of Employer CA WATER BOARD	Occupation GEOLOGIST
------------------------------------	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 , , **400.00**

Date of Receipt
 / /

Transaction ID : ACE6AA6B756AD4666A10

Amount of Each Receipt this Period
 , , **100.00**

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

, , **200.00**

, ,

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 OF 29
	<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

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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6509.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2020

Transaction ID : A8BE3F9BC7D57461D955

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 1156 LAS LOMAS DR

City LA HABRA State CA Zip Code 90631-2255

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2020

Transaction ID : A88D443FABDD34C62988

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6509.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2020

Transaction ID : A567783E119B04680BC5

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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: PAGE 8 OF 29
(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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STRAHL, STUART, , ,

Mailing Address 418 GREENLEAF CT

City WESTMONT State IL Zip Code 60559-3512

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

Name of Employer CHICAGO ZOOLOGICAL SOCIETY Occupation BIOLOGIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 30 2020

Transaction ID : **A6A4B4DE86B1A410F81B**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6509.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 30 2020

Transaction ID : **AEFF047FF27C049B9A81**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 418 GREENLEAF CT

City WESTMONT State IL Zip Code 60559-3512

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

Name of Employer CHICAGO ZOOLOGICAL SOCIETY Occupation BIOLOGIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2020

Transaction ID : **A40339B25B884478D81A**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

500.00

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 9 OF 29	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6509.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2020

Transaction ID : AC59858E14BBC4E3B8D6

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	800.00

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

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

FOR LINE NUMBER: PAGE 10 OF 29
(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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KING, ESTHER, JOY, ,

Mailing Address 2821 10TH ST

City EAST MOLINE State IL Zip Code 61244-3236

FEC ID number of contributing federal political committee. **C** H0IL17083

Name of Employer KING & CLARK LLC Occupation ATTORNEY

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8650.00

Date of Receipt

Transaction ID : **ADF0588C727FF47FD8C0**

Amount of Each Receipt this Period

Memo Item
PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)
KING, ESTHER, JOY, ,

Mailing Address 2821 10TH ST

City EAST MOLINE State IL Zip Code 61244-3236

FEC ID number of contributing federal political committee. **C** H0IL17083

Name of Employer KING & CLARK LLC Occupation ATTORNEY

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8650.00

Date of Receipt

Transaction ID : **AF746D3CFB2B54259862**

Amount of Each Receipt this Period

Memo Item
PERSONAL FUNDS

C. Full Name (Last, First, Middle Initial)
KING, ESTHER, JOY, ,

Mailing Address 2821 10TH ST

City EAST MOLINE State IL Zip Code 61244-3236

FEC ID number of contributing federal political committee. **C** H0IL17083

Name of Employer KING & CLARK LLC Occupation ATTORNEY

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8650.00

Date of Receipt

Transaction ID : **A84142276A1434F67B43**

Amount of Each Receipt this Period

Memo Item
PERSONAL FUNDS

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="8650.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="8650.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 29
(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)
ESTHER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ILLINOIS REPUBLICAN PARTY - FEDERAL

Mailing Address PO BOX 64897

City CHICAGO State IL Zip Code 60664-0897

FEC ID number of contributing federal political committee. **C** C00005926

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1024.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2020

Transaction ID : A837C0A8EDB164C5D991

Amount of Each Receipt this Period
1024.00

Memo Item
REIMBURSEMENT FOR ADVANTAGE DIRECT COMMUNICATIONS ON 12/7/20

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1024.00
TOTAL This Period (last page this line number only).....▶	1024.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement
Mailing Address 5680 NEW NORTHSIDE DR		M M / D D / Y Y Y Y 11 / 27 / 2020
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL FEES	001	
Candidate Name		FEC Identification Number C
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) ▼	Amount of Each Disbursement this Period 200.55
State: District:		Transaction ID : BDD601EC655FB4E7B9CF <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 5680 NEW NORTHSIDE DR		M M / D D / Y Y Y Y 11 / 30 / 2020
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL TAXES	001	
Candidate Name		FEC Identification Number C
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) ▼	Amount of Each Disbursement this Period 1650.45
State: District:		Transaction ID : B5FF122D7492C4451B6E <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 5680 NEW NORTHSIDE DR		M M / D D / Y Y Y Y 12 / 01 / 2020
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL TAXES	001	
Candidate Name		FEC Identification Number C
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) ▼	Amount of Each Disbursement this Period 128.41
State: District:		Transaction ID : B44A343538C0E4AE5BC3 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1979.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020
Mailing Address 5680 NEW NORTHSIDE DR		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL FEES	001 Category/Type	
Candidate Name		Amount of Each Disbursement this Period 94.05
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2020
Mailing Address 5680 NEW NORTHSIDE DR		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL FEES	001 Category/Type	
Candidate Name		Amount of Each Disbursement this Period 173.90
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2020
Mailing Address 5680 NEW NORTHSIDE DR		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL TAXES	001 Category/Type	
Candidate Name		Amount of Each Disbursement this Period 627.13
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	895.08
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 14 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020
Mailing Address 5680 NEW NORTHSIDE DR		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 64.00
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:	Transaction ID : B6E4C721D8C8A41338D5 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020
Mailing Address 5680 NEW NORTHSIDE DR		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30328-4668
Purpose of Disbursement PAYROLL TAXES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 723.04
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:	Transaction ID : B6114D94C59AA43E48DA <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADVANTAGE DIRECT COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2020
Mailing Address 1421 PRINCE ST STE 220		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314-2805
Purpose of Disbursement STRATEGIC CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1024.50
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:	Transaction ID : B892BEDABC1364039BAC <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1811.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANDERSON, ERIC, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2020	
Mailing Address 3701 PINE RIDGE CT APT 115			FEC Identification Number C	
City MOLINE	State IL	Zip Code 61265-7408	Amount of Each Disbursement this Period 1924.08	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : BC443B76F814741BCA62	
Candidate Name			<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:				

Full Name (Last, First, Middle Initial) B. ASANA.COM			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020	
Mailing Address 1550 BRYANT ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103-4832	Amount of Each Disbursement this Period 263.76	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : B04ACA93FC9774EA386D	
Candidate Name			<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:				

Full Name (Last, First, Middle Initial) C. COWELL, MADISON, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2020	
Mailing Address 517 E JEFFERSON ST			FEC Identification Number C	
City HAVANA	State IL	Zip Code 62644-1269	Amount of Each Disbursement this Period 1071.22	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B781826AC9FD24BBDB2A	
Candidate Name			<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).....▶	3259.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CTL PROPERTY MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2020		
Mailing Address 1333 13TH ST			FEC Identification Number C		
City EAST MOLINE	State IL	Zip Code 61244-1740	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : B236869B744B245579E2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HARLAN, ISAIAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2020		
Mailing Address 1143 N CEDAR ST			FEC Identification Number C		
City GALESBURG	State IL	Zip Code 61401-2711	Amount of Each Disbursement this Period 461.88		
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B99EC3F41A92A41EAB4D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HARLAN, ISAIAH, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020		
Mailing Address 1143 N CEDAR ST			FEC Identification Number C		
City GALESBURG	State IL	Zip Code 61401-2711	Amount of Each Disbursement this Period 349.60		
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B644A036C9FAF4E5E9E7		
Candidate Name		Memo Item <input type="checkbox"/>			
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).....▶	1111.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KLEWINSKI, ELISA, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2020	
Mailing Address 2930 5TH AVE			FEC Identification Number C	
City ROCK ISLAND	State IL	Zip Code 61201-1901	Amount of Each Disbursement this Period 1175.62	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B39EC462C064E4055A1D	
Candidate Name			<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:				

Full Name (Last, First, Middle Initial) B. MAIL CHIMP			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2020	
Mailing Address 675 PONCE DE LEON AVE NE THE ROCKET SCIENCE GROUP, LLC			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30308-1884	Amount of Each Disbursement this Period 478.10	
Purpose of Disbursement E-MARKETING		Category/ Type 001	Transaction ID : BFEC0653AB3DB4D49B93	
Candidate Name			<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:				

Full Name (Last, First, Middle Initial) C. TUTTLE, EMILY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2020	
Mailing Address 10810 BULL VALLEY DR			FEC Identification Number C	
City WOODSTOCK	State IL	Zip Code 60098-8091	Amount of Each Disbursement this Period 1531.83	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B003AFE7FABED4397835	
Candidate Name			<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).....▶	3185.55
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 18 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TUTTLE, EMILY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020	
Mailing Address 10810 BULL VALLEY DR			FEC Identification Number C	
City WOODSTOCK	State IL	Zip Code 60098-8091	Amount of Each Disbursement this Period 1531.82	
Purpose of Disbursement PAYROLL EXPENSE		Category/ Type 001	Transaction ID : B728276AE0BBF4C8AB11	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. US BANK			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2020	
Mailing Address 425 WALNUT ST			FEC Identification Number C	
City CINCINNATI	State OH	Zip Code 45202-3956	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement BANK CHARGES & FEES		Category/ Type 001	Transaction ID : B06ACE60F24654A278DC	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VERIZON			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2020	
Mailing Address 1 VERIZON WAY			FEC Identification Number C	
City BASKING RIDGE	State NJ	Zip Code 07920-1025	Amount of Each Disbursement this Period 108.68	
Purpose of Disbursement TELEPHONE		Category/ Type	Transaction ID : B65A00670CEBF4C15867	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	1690.50
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 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2020		
Mailing Address PO BOX 9891			FEC Identification Number C C00694323		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 3.00		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : B297DFC058E594A7E89F		
Candidate Name WINRED		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WINRED			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2020		
Mailing Address PO BOX 9891			FEC Identification Number C C00694323		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 18.98		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : BA19F377AA59844E1A33		
Candidate Name WINRED		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2020		
Mailing Address PO BOX 9891			FEC Identification Number C C00694323		
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 10.12		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : BD81B28D2A8B84E3E969		
Candidate Name WINRED		Memo Item <input type="checkbox"/>			
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).....▶	32.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	Amount of Each Disbursement this Period 20.93
Candidate Name WINRED	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:	Transaction ID : B7BFCDE4E0B1C4CBBAA4 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	Amount of Each Disbursement this Period 44.64
Candidate Name WINRED	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:	Transaction ID : B50235AEAE8743218B6 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020
Mailing Address PO BOX 9891		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	Amount of Each Disbursement this Period 25.86
Candidate Name WINRED	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:	Transaction ID : B3B54E9BAD9ED4693AC4 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	91.43
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020	
Mailing Address PO BOX 9891			FEC Identification Number C C00694323	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 3.84	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : BFE204E43F1B043A5AB7	
Candidate Name WINRED		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020	
Mailing Address PO BOX 9891			FEC Identification Number C C00694323	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 48.31	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : B80E41DC80A614FD8B76	
Candidate Name WINRED		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	52.15
TOTAL This Period (last page this line number only).....▶	14108.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
ESTHER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOLDMAN, MARC, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020
Mailing Address 1500 SOUTH OCEAN BOULEVARD UNIT 501		FEC Identification Number C
City BOCA RATON	State FL	Zip Code 33432-8523
Purpose of Disbursement REFUND	Category/Type 010	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BCF30529EFB224C838F7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. JOHNSON, CHARLES, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020
Mailing Address 1220 S OCEAN BLVD		FEC Identification Number C
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement REFUND	Category/Type 010	
Candidate Name	Amount of Each Disbursement this Period 2800.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAF3A5E35C39A4F8EA73
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RANNEY, TIM, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020
Mailing Address 4600 WATERFORD COURT		FEC Identification Number C
City ST. PETERSBURG	State FL	Zip Code 33703
Purpose of Disbursement REFUND	Category/Type 010	
Candidate Name	Amount of Each Disbursement this Period 2800.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDB1104DF910A4BE187B
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6600.00
TOTAL This Period (last page this line number only).....▶	6600.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **ESTHER FOR CONGRESS** Transaction ID : **CDF0588C727FF47FD8C0**

LOAN SOURCE Full Name (Last, First, Middle Initial) KING, ESTHER, JOY, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2821 10TH ST			
City EAST MOLINE	State IL	ZIP Code 61244-3236	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 12 / D 31 / Y 2020	Date Due M / D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	3500.00
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) **ESTHER FOR CONGRESS** Transaction ID : **C1B8EA5419F6D466C9AC**

LOAN SOURCE Full Name (Last, First, Middle Initial) KING, ESTHER, JOY, ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2821 10TH ST			
City EAST MOLINE	State IL	ZIP Code 61244-3236	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 09 / D 01 / Y 2019	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	1500.00
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) **ESTHER FOR CONGRESS** Transaction ID : **CF746D3CFB2B54259862**

LOAN SOURCE Full Name (Last, First, Middle Initial) KING, ESTHER, JOY, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2821 10TH ST			
City EAST MOLINE	State IL	ZIP Code 61244-3236	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 12 / D 31 / Y 2020	Date Due M / D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	3500.00
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) **ESTHER FOR CONGRESS** Transaction ID : **C84142276A1434F67B43**

LOAN SOURCE Full Name (Last, First, Middle Initial) KING, ESTHER, JOY, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2821 10TH ST			
City EAST MOLINE	State IL	ZIP Code 61244-3236	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1650.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1650.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred M 12 / D 31 / Y 2020	Date Due M / D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	1650.00
TOTALS This Period (last page in this line only).....▶	10150.00

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

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
11	

 /

D	D
24	

 /

Y	Y	Y	Y
2020			

Part 1: CONSOLIDATION REPORT

to:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2020			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE
ESTHER FOR CONGRESS

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)
ESTHER FOR CONGRESS

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
- 3489.89	1024.00
7(c) Net Operating Expenditures	16 Total Receipts
14464.41	12984.11
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
0.00	14464.41
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
10150.00	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
3310.11	0.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
0.00	0.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
0.00	0.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
0.00	6800.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
3310.11	0.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
0.00	0.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
8650.00	6800.00
13(b) All Other Loans	21 Other Disbursements
0.00	0.00
13(c) Total Loans	22 Total Disbursements
8650.00	21264.41
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
0.00	8856.77
	27 Cash on Hand at Close of Reporting Period
	576.47

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
11	

 /

D	D
24	

 /

Y	Y	Y	Y
2020			

Part 1: CONSOLIDATION REPORT

to:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
2020			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE
ESTHER FOR CONGRESS

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)
KING FOR IL-17

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
.00	.00
7(c) Net Operating Expenditures	16 Total Receipts
.00	.00
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
.00	.00
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
.00	.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
.00	.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
.00	.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
.00	.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
.00	.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
.00	.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
.00	.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
.00	.00
13(b) All Other Loans	21 Other Disbursements
.00	.00
13(c) Total Loans	22 Total Disbursements
.00	.00
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
.00	.00
	27 Cash on Hand at Close of Reporting Period
	1715.03

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M	M
11	

 /

D	D
24	

 /

Y	Y	Y	Y
20	20		

**Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES**

to:

M	M
12	

 /

D	D
31	

 /

Y	Y	Y	Y
20	20		

NAME OF PRINCIPAL CAMPAIGN COMMITTEE
ESTHER FOR CONGRESS

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	
6(c) Net Contributions	- 3489.89
7(c) Net Operating Expenditures	14464.41
9 Debts and Obligations Owed TO the Committee	0.00
10 Debts and Obligations Owed BY the Committee	10150.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	3310.11
11(b) Contributions from Political Party Committees	0.00
11(c) Contributions from Other Political Committees	0.00
11(d) Contributions from the Candidate	0.00
11(e) Total Contributions	3310.11
12 Transfers from Other Authorized Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	8650.00
13(b) All Other Loans	0.00
13(c) Total Loans	8650.00
14 Offsets to Operating Expenditures	0.00

LINE DESCRIPTION	
15 Other Receipts	1024.00
16 Total Receipts	12984.11
17 Operating Expenditures	14464.41
18 Transfers to Other Authorized Committees	0.00
19(a) Repayments of Loans Made or Guaranteed by Candidate	0.00
19(b) Other Loan Repayments	0.00
19(c) Total Loan Repayments	0.00
20(a) Refunds of Contributions to Individuals/Persons	6800.00
20(b) Refunds of Contributions to Political Party Committees	0.00
20(c) Refunds of Contributions to Other Political Committees	0.00
20(d) Total Contributions Refunds	6800.00
21 Other Disbursements	0.00
22 Total Disbursements	21264.41
23 Cash on Hand at Beginning of Reporting Period	8856.77
27 Cash on Hand at Close of Reporting Period	2291.50