

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 FRIENDS FOR JENNIFER TODD 2026

ADDRESS (number and street) P O BOX 3 GLEN CARBON IL 62034 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00896217 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT IL 15

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 07/01/2025 through 09/30/2025

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 TODD, JENNIFER ANN, , , Signature of Treasurer TODD, JENNIFER ANN, , , Date MM/DD/YYYY 10/15/2025

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

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**FRIENDS FOR JENNIFER TODD 2026**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	10698.00	10698.00
(b) Total Contribution Refunds (from Line 20(d)) .....	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10498.00	10498.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	9009.84	9009.84
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	9009.84	9009.84
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	1488.16	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	2500.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**FRIENDS FOR JENNIFER TODD 2026**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3675.00	3675.00
(ii) Unitemized .....	7023.00	7023.00
(iii) TOTAL of contributions from individuals .....	10698.00	10698.00
(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))..	10698.00	10698.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	2500.00	2500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2500.00	2500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	13198.00	13198.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9009.84	9009.84
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 .....	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS .....	2500.00	2500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11709.84	11709.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13198.00
25. SUBTOTAL (add Line 23 and Line 24).....	13198.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11709.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1488.16

# 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 20  
(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)  
**FRIENDS FOR JENNIFER TODD 2026**

**A.** Full Name (Last, First, Middle Initial)  
Black, Alan, , ,

Mailing Address 7116 Augusta Drive

City: Glen Carbon      State: IL      Zip Code: 62034

FEC ID number of contributing federal political committee: C

Name of Employer: SIUE      Occupation: Associate Professor

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt: 09 / 05 / 2025

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period: 100.00

Memo Item  
Contribution earmarked through Act Blue

**B.** Full Name (Last, First, Middle Initial)  
Blumenshine, Joyce, , ,

Mailing Address 2419 Reservoir

City: Peoria      State: IL      Zip Code: 61614

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed      Occupation: Not employed

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt: 07 / 25 / 2025

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period: 250.00

Memo Item  
Contribution earmarked through Act Blue

**C.** Full Name (Last, First, Middle Initial)  
Blumenshine, Joyce, , ,

Mailing Address 2419 Reservoir

City: Peoria      State: IL      Zip Code: 61614

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed      Occupation: Not employed

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt: 08 / 05 / 2025

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period: 75.00

Memo Item  
Contribution earmarked through Act Blue

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 6 OF 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

**A.** Full Name (Last, First, Middle Initial)  
Decyk, Roxanne, , ,

Mailing Address 1540 N Lake Shore Drive

City Chicago State IL Zip Code 60610

FEC ID number of contributing federal political committee. C

Name of Employer Not employed Occupation not employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution earmarked through Act Blue

**B.** Full Name (Last, First, Middle Initial)  
Keefe, Samantha, , ,

Mailing Address 1221 Rutherford Ridge

City O'Fallon State IL Zip Code 62269

FEC ID number of contributing federal political committee. C

Name of Employer Keefe, Keefe & Unsell PC Occupation Attorney at Law

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution earmarked through Act Blue

**C.** Full Name (Last, First, Middle Initial)  
Lovekamp, Barbara, , ,

Mailing Address P. O. Box 204

City Arenzville State IL Zip Code 62611

FEC ID number of contributing federal political committee. C

Name of Employer First National Bank Occupation Bank compliance

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution earmarked through Act Blue

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 20	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

**A.** Full Name (Last, First, Middle Initial)  
Lovekamp, Barbara, , ,

Mailing Address P. O. Box 204

City Arenzville	State IL	Zip Code 62611
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FEC ID number of contributing federal political committee. **C**

Name of Employer First National Bank	Occupation Bank compliance
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Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 29 / 2025

**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
Contribution earmarked through Act Blue

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

Mailing Address 4002 Stoneledge Ct.

City Godfrey	State IL	Zip Code 62035
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 09 / 2025

**Transaction ID : SA11AI.4322**

Amount of Each Receipt this Period  

100.00
--------

Memo Item  
Contribution earmarked through Act Blue

**C.** Full Name (Last, First, Middle Initial)  
Nollen, Sheila, , ,

Mailing Address 7835 E 1000th Street

City Macomb	State IL	Zip Code 61455
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FEC ID number of contributing federal political committee. **C**

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 08 / 2025

**Transaction ID : SA11AI.4257**

Amount of Each Receipt this Period  

500.00
--------

Memo Item  
Contribution earmarked through Act Blue

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	700.00
<b>TOTAL</b> 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 20  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

**A.** Full Name (Last, First, Middle Initial)  
Rank, Dave, , ,

Mailing Address 7309 Pinecastle Road

City Falls Church State VA Zip Code 22043

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

Name of Employer The Cohan Group Occupation Consultant

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 17 2025

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
400.00

Memo Item  
Contribution earmarked through Act Blue

**B.** Full Name (Last, First, Middle Initial)  
Rank, Dave, , ,

Mailing Address 7309 Pinecastle Road

City Falls Church State VA Zip Code 22043

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

Name of Employer The Cohan Group Occupation Consultant

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 26 2025

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
400.00

Memo Item  
In-kind -

**C.** Full Name (Last, First, Middle Initial)  
Smith, S Craig, , ,

Mailing Address 1237 Sugar Creek Lake

City Paris State IL Zip Code 61944

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

Name of Employer Not employed Occupation not employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 26 2025

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
250.00

Memo Item  
Personal Check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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 9 OF 20	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

A. Full Name (Last, First, Middle Initial) VanBrooker, Erin, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2025	
Mailing Address 4990 Margaret Avenue			Transaction ID : SA11AI.4421	
City Springfield	State IL	Zip Code 62711	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution earmarked through Act Blue	
Name of Employer Browser Momer		Occupation Engineer		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Vieira, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2025	
Mailing Address 1250 Woodridge Court			Transaction ID : SA11AI.4417	
City Decatur	State IL	Zip Code 62526	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution earmarked through Act Blue	
Name of Employer Docusign		Occupation Sales		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 310.00		

C. Full Name (Last, First, Middle Initial) Wendell, Krysten, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2025	
Mailing Address 413 Delaney Drive			Transaction ID : SA11AI.4162	
City Jacksonville	State IL	Zip Code 62650	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution earmarked through Act Blue	
Name of Employer New Teacher Center		Occupation Consultant		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	3675.00

# 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 10 OF 20	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

**A.** Full Name (Last, First, Middle Initial)  
Washburn, Marilyn, , ,

Mailing Address 205 Belden Drive

City Edwardsville	State IL	Zip Code 62025
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FEC ID number of contributing federal political committee.

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

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA13B.4552**

Amount of Each Receipt this Period

Memo Item  
 Personal Loan to pay large bill

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

Mailing Address

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

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

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value="2500.00"/>

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Media Inc, Jennifer, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 27 / 2025	
Mailing Address 71 Abundance Lane			FEC Identification Number C C00896217	
City Pittsboro	State NC	Zip Code 27312	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 10000 walk cards		Category/ Type 001	Transaction ID : SB17.4563	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 15				

Full Name (Last, First, Middle Initial) <b>B. Numero Inc., None, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2025	
Mailing Address 695 Town Center Drive			FEC Identification Number C C00896217	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 1150.00	
Purpose of Disbursement Fundraising platform		Category/ Type 001	Transaction ID : SB17.4468	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 15				

Full Name (Last, First, Middle Initial) <b>C. Numero Inc., None, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 01 / 2025	
Mailing Address 695 Town Center Drive			FEC Identification Number C C00896217	
City Costa Mesa	State CA	Zip Code 92626	Amount of Each Disbursement this Period 1150.00	
Purpose of Disbursement Fundraising platform monthly fee		Category/ Type 001	Transaction ID : SB17.4470	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 15				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

**A. Numero Inc., None, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 695 Town Center Drive

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement Monthly fee Category/Type 001

Candidate Name FRIENDS FOR JENNIFER TODD 2026

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

State: IL District: 15

Date of Disbursement 09 / 01 / 2025

FEC Identification Number C C00896217

Amount of Each Disbursement this Period 1150.00

Transaction ID : SB17.4471

Memo Item

**B. Phifer, Mia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 535 N. Michigan Ave #809

City Chicago State IL Zip Code 60611

Purpose of Disbursement Services Category/Type 001

Candidate Name FRIENDS FOR JENNIFER TODD 2026

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

State: IL District: 15

Date of Disbursement 07 / 07 / 2025

FEC Identification Number C C00896217

Amount of Each Disbursement this Period 750.00

Transaction ID : SB17.4560

Memo Item

**C. Philips 66, MPC 59, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8065 St Route 143

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement Gas Category/Type 002

Candidate Name FRIENDS FOR JENNIFER TODD 2026

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

State: IL District: 15

Date of Disbursement 07 / 23 / 2025

FEC Identification Number C C00896217

Amount of Each Disbursement this Period 39.73

Transaction ID : SB17.4480

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1939.73

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement gas	Category/ Type 002	Amount of Each Disbursement this Period 48.00
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4481 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 51.79
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4482 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 32.84
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4483 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	132.63
<b>TOTAL</b> 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 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 37.50
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4484 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 26.67
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4485 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Food	Category/ Type 002	Amount of Each Disbursement this Period 7.28
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 15	Transaction ID : SB17.4518 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	71.45
<b>TOTAL</b> 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 20	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 42.62
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4486
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Food	Category/ Type 002	Amount of Each Disbursement this Period 8.39
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4520
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Philips 66, MPC 59, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 40.53
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4487
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 15	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	91.54
<b>TOTAL</b> 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 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Food	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 1.61
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	Transaction ID : SB17.4523 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 43.74
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	Transaction ID : SB17.4488 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 31.42
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	Transaction ID : SB17.4489 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	76.77
<b>TOTAL</b> 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 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement food	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 4.15
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 40.18
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Amount of Each Disbursement this Period 37.78
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 15	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	82.11
<b>TOTAL</b> 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 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 48.91
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4492
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Philips 66, MPC 59, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2025
Mailing Address 8065 St Route 143		FEC Identification Number C C00896217
City Edwardsville	State IL	Zip Code 62025
Purpose of Disbursement Gas	Category/ Type 002	Amount of Each Disbursement this Period 52.75
Candidate Name FRIENDS FOR JENNIFER TODD 2026	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4493
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 15	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Rank, Dave, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2025
Mailing Address 7309 Pinecastle Road		FEC Identification Number C
City Falls Church	State VA	Zip Code 22043
Purpose of Disbursement In-kind -	Category/ Type	Amount of Each Disbursement this Period 400.00
Candidate Name	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4578
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	501.66
<b>TOTAL</b> This Period (last page this line number only).....▶	7695.89

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS FOR JENNIFER TODD 2026**

Full Name (Last, First, Middle Initial) <b>A. Washburn, Marilyn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2025		
Mailing Address 205 Belden Dr			FEC Identification Number C C00896217		
City Edwardsville	State IL	Zip Code 62025	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Loan repayment		Category/ Type 001	Transaction ID : SB21.4556		
Candidate Name FRIENDS FOR JENNIFER TODD 2026		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: IL District: 15					

Full Name (Last, First, Middle Initial) <b>B.</b>			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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS FOR JENNIFER TODD 2026** Transaction ID : **SC/10.4552**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Washburn, Marilyn, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 205 Belden Drive			<input type="checkbox"/> General
City Edwardsville		State IL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 62025		<input type="checkbox"/> Personal Funds of the Candidate	

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 27 / 2025	08/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	2500.00

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