

**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

Marter for Congress

ADDRESS (number and street)

233 Fox Chase Drive North

Check if different
than previously
reported. (ACC)

Oswego

IL

60543

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00657361

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IL

14

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
10 / 01 / 2021

through

M M / D D / Y Y Y Y
12 / 31 / 2021

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

Weber, Steve, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Weber, Steve, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 31 / 2022

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name
Marter for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2021

To:

M M / D D / Y Y Y Y
12 / 31 / 2021

	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))....	17081.50	52219.77
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	17081.50	52219.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16329.05	38398.45
(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))	16329.05	38398.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	19904.53	
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)	66220.51	

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

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Marter for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	1

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).....**

13815.00

29065.00

(ii) Unitemized.....

3266.50

21654.77

(iii) TOTAL of contributions from individuals ▶

17081.50

50719.77

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

1500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

17081.50

52219.77

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

100.00

251.47

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

2771.04

7467.73

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

2771.04

7467.73

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

19952.54

59938.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16329.05	38398.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	724.00	1753.84
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17053.05	40152.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17005.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19952.54
25. SUBTOTAL (add Line 23 and Line 24).....	36957.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17053.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19904.53

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)

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Abramowitz, Kenneth, , ,

Mailing Address 4530 Hazleton Ln

City Wellington State FL Zip Code 33449

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

Name of Employer Retired Occupation Retired

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 2021

Transaction ID : SA11AI.6771

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

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

Mailing Address 19 Old Post Road

City Montgomery State IL Zip Code 60538

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

Name of Employer Retired Occupation 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 03 2021

Transaction ID : SA11AI.6814

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

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

Mailing Address 19 Old Post Road

City Montgomery State IL Zip Code 60538

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

Name of Employer Retired Occupation Retired

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 2021

Transaction ID : SA11AI.6780

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

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

800.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Aubry, Steve, , ,
Mailing Address 2907 East 1979th Road

City State Zip Code
Marseilles IL 61341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2021

Transaction ID : SA11AI.6859

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Bivin, Robert, , ,
Mailing Address 21134 Eugene Siegel Court

City State Zip Code
Crest Hill IL 60403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
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
11 17 2021

Transaction ID : SA11AI.6843

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
Bivin, Robert, , ,
Mailing Address 21134 Eugene Siegel Court

City State Zip Code
Crest Hill IL 60403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 01 2021

Transaction ID : SA11AI.6816

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

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

1150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Bivin, Robert, , ,

Mailing Address 21134 Eugene Siegel Court

City Crest Hill	State IL	Zip Code 60403
--------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2021

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

B. Full Name (Last, First, Middle Initial)
Cyrus, Aynaz Anni, , ,

Mailing Address 924 Hathaway Drive

City Trenton	State OH	Zip Code 45067
-----------------	-------------	-------------------

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

Name of Employer Design and Development	Occupation Owner
--	---------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2021

Transaction ID : SA11AI.6758

Amount of Each Receipt this Period

2500.00

☐ Memo Item
In-kind - Design

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

Mailing Address 1030 North State Street
44J

City Chicago	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

Name of Employer Booz Allen Hamelton	Occupation IT
---	------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : SA11AI.6768

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

2750.00

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

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
DuSell, Fred, , ,

Mailing Address 478 Kelly Ave

City Yorkville	State IL	Zip Code 60560
-------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 02 2021

Transaction ID : SA11AI.6854

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 478 Kelly Ave

City Yorkville	State IL	Zip Code 60560
-------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 13 2021

Transaction ID : SA11AI.6847

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 478 Kelly Ave

City Yorkville	State IL	Zip Code 60560
-------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 02 2021

Transaction ID : SA11AI.6815

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

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

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

400.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Findley, Beth, , ,

Mailing Address 270 Easy St

City Somonauk	State IL	Zip Code 60552
------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2021

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 5 Kimberly Circle

City Oak Brook	State IL	Zip Code 60523
-------------------	-------------	-------------------

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

Name of Employer Ace North Shore Home Care Inc	Occupation Partner
---	-----------------------

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
10 06 2021

Transaction ID : SA11AI.6877

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

Mailing Address 10306 E Calle De Las Brisas

City Scottsdale	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2021

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

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

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

1350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial) Hurst, Paul, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 16 2021	
Mailing Address 1 Forest View Dr.			Transaction ID : SA11AI.6760	
City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Receipt this Period 1900.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item In-kind - Web Site Development and Marketing	
Name of Employer Hurst & Associates		Occupation President		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 2916.00		

B. Full Name (Last, First, Middle Initial) Keeley, Matt, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 27 2021	
Mailing Address 564 Mayfair Lane			Transaction ID : SA11AI.6839	
City Naperville	State IL	Zip Code 60565	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Retired		Occupation Retired		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Kuhrt, William, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 20 2021	
Mailing Address 213 Woodford Rd			Transaction ID : SA11AI.6731	
City Oswego	State IL	Zip Code 60543	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			☐ Memo Item Contribution	
Name of Employer Kit's Classic Towing		Occupation Owner/Manager		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

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

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

2650.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Nevins, Mary, , ,

Mailing Address 2641 Champlain Street

City Ottawa	State IL	Zip Code 61350
----------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 01 2021

Transaction ID : SA11AI.6818

Amount of Each Receipt this Period

15.00

☐ Memo Item
Contribution

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

Mailing Address 2641 Champlain Street

City Ottawa	State IL	Zip Code 61350
----------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2021

Transaction ID : SA11AI.6785

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

C. Full Name (Last, First, Middle Initial)
O'Toole, Michael, , ,

Mailing Address 361 Bankcroft Ct. Apt 4

City Rockford	State IL	Zip Code 61107
------------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 13 2021

Transaction ID : SA11AI.6872

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

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

65.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Reinhard, Donald, , ,

Mailing Address 75 Harvard Ave

City Palmerton	State PA	Zip Code 18071
-------------------	-------------	-------------------

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

Name of Employer Pencor	Occupation Executive
----------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2021

Transaction ID : SA11AI.6719

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

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

Mailing Address 15200 Melms

City Genoa	State IL	Zip Code 60135
---------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 20 2021

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

Mailing Address 15200 Melms

City Genoa	State IL	Zip Code 60135
---------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2021

Transaction ID : SA11AI.6795

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

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

350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 90

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Siwicki, Brian, , ,

Mailing Address 572 Clark St

City Hinckley	State IL	Zip Code 60520
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Carpenter
--------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2021

Transaction ID : SA11AI.6721

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 572 Clark St

City Hinckley	State IL	Zip Code 60520
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Carpenter
--------------------------	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2021

Transaction ID : SA11AI.6824

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

Mailing Address 9811 W Charleston Blvd
#2155

City Las Vegas	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer The MAGA Mall USA Corporation	Occupation President
---	-------------------------

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
11 / 30 / 2021

Transaction ID : SA11AI.6826

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

700.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Soloman, Ronald, , ,

Mailing Address 9811 W Charleston Blvd
 #2155

City Las Vegas	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer The MAGA Mall USA Corporation	Occupation President
---	-------------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 30 2021

Transaction ID : SA11AI.6756

Amount of Each Receipt this Period

3000.00

☐ Memo Item
 In-kind - 300 Ball Caps

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

Mailing Address 175 N Adams St.

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

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

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

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
 10 20 2021

Transaction ID : SA11AI.6718

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Contribution

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

Mailing Address 7106 Dunham Rd

City Union	State IL	Zip Code 60180
---------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 02 2021

Transaction ID : SA11AI.6852

Amount of Each Receipt this Period

25.00

☐ Memo Item
 Contribution

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

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

3525.00

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)

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Weise, Sally, , ,

Mailing Address 7106 Dunham Rd

City Union	State IL	Zip Code 60180
---------------	-------------	-------------------

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

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

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 29 / 2021

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period

75.00

☐ Memo Item
 Contribution

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)..... ▶

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

75.00
 13815.00

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

Use separate schedule(s)
for each category of the
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☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Plainfield Township Republican Org
Mailing Address 23515 W Clark St

City State Zip Code
Plainfield IL 60586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 20 2021

Transaction ID : SA12.6729

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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)..... ▶

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

100.00

100.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4747.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2021

Transaction ID : SA13A.6687

Amount of Each Receipt this Period

104.84

☐ Memo Item
Conference

B. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4954.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2021

Transaction ID : SA13A.6698

Amount of Each Receipt this Period

207.00

☐ Memo Item
Dinner Tickets

C. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5194.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2021

Transaction ID : SA13A.6707

Amount of Each Receipt this Period

240.00

☐ Memo Item
Donation/Dues

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

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

551.84

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

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

FOR LINE NUMBER:
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PAGE 18 OF 90

☐ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5446.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2021

Transaction ID : SA13A.6711

Amount of Each Receipt this Period

251.35

☐ Memo Item
Digital Marketing

B. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5519.95

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2021

Transaction ID : SA13A.6686

Amount of Each Receipt this Period

73.85

☐ Memo Item
Advertising

C. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6068.95

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2021

Transaction ID : SA13A.6701

Amount of Each Receipt this Period

549.00

☐ Memo Item
Marketing

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

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

874.20

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

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

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(check only one)

PAGE 19 OF 90

☐ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6165.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2021

Transaction ID : SA13A.6699

Amount of Each Receipt this Period

97.00

☐ Memo Item
Dinner Tickets

B. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6315.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

Transaction ID : SA13A.6706

Amount of Each Receipt this Period

150.00

☐ Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Marter, James, Thomas, ,

Mailing Address 233 Fox Chase Drive North

City Oswego	State IL	Zip Code 60543
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H8IL16153

Name of Employer Self-Employed	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6864.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

Transaction ID : SA13A.6702

Amount of Each Receipt this Period

549.00

☐ Memo Item
Marketing

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

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

796.00

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

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

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PAGE 20 OF 90

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

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NAME OF COMMITTEE (In Full)
Marter for Congress

A. Full Name (Last, First, Middle Initial) Marter for Congress			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2021	
Mailing Address 233 Fox Chase Drive North			Transaction ID : SA13A.6700	
City Oswego	State IL	Zip Code 60543	Amount of Each Receipt this Period 549.00	
FEC ID number of contributing federal political committee. C C00657361		Memo Item Marketing		
Name of Employer		Occupation		
Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 549.00		

B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	Memo Item	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼		
Name of Employer		Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....	549.00
TOTAL This Period (last page this line number only).....	2771.04

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1920 McKinney Ave
7th FloorCity
DallasState
TXZip Code
75201Purpose of Disbursement
Anedot Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	31	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

94.20

Transaction ID : SB17.6881

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Colasante, Christa, , ,

Mailing Address 4171 Lobo Ln

City
NapervilleState
ILZip Code
60564Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	D D	Y Y Y Y
10	03	2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6642

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Colasante, Christa, , ,

Mailing Address 4171 Lobo Ln

City
NapervilleState
ILZip Code
60564Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	D D	Y Y Y Y
10	31	2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6649

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2594.20

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 PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Colasante, Christa, , ,

Mailing Address 4171 Lobo Ln

City
NapervilleState
ILZip Code
60564Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6656

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cyrus, Aynaz Anni, , ,

Mailing Address 924 Hathaway Drive

City
TrentonState
OHZip Code
45067Purpose of Disbursement
In-kind - DesignCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2021

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.6764

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hurst & Associates, Inc.

Mailing Address 1 Forest View Dr.

City
Hawthorn WoodsState
ILZip Code
60047Purpose of Disbursement
Digital Marketing

004

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

251.35

Transaction ID : SB17.6710

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4001.35

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 PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Hurst, Paul, , ,

Mailing Address 1 Forest View Dr.

City
Hawthorn WoodsState
ILZip Code
60047Purpose of Disbursement
In-kind - Web Site Development and Marketing

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	16	2021

FEC Identification Number

C

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.6763

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Keap

Mailing Address 1260 S. Spectrum Blvd

City
ChandlerState
AZZip Code
85286Purpose of Disbursement
Marketing Services

Candidate Name

Marter for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	D D	Y Y Y Y
10	31	2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

549.00

Transaction ID : SB17.6694

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Keap

Mailing Address 1260 S. Spectrum Blvd

City
ChandlerState
AZZip Code
85286Purpose of Disbursement
Marketing Services

Candidate Name

Marter for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	D D	Y Y Y Y
12	01	2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

549.00

Transaction ID : SB17.6696

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2998.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Keap

Mailing Address 1260 S. Spectrum Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2021

City
ChandlerState
AZZip Code
85286

FEC Identification Number

C C00657361

Purpose of Disbursement
Marketing

004

Amount of Each Disbursement this Period

549.00

Transaction ID : SB17.6697

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

B. Microsoft

Mailing Address One Microsoft Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2021

City
RedmondState
WAZip Code
98053

FEC Identification Number

C C00657361

Purpose of Disbursement
Computer Software

001

Amount of Each Disbursement this Period

43.40

Transaction ID : SB17.6684

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Full Name (Last, First, Middle Initial)

c. Premier MailingMailing Address 37 Stone Hill
Unit D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2021

City
OswegoState
ILZip Code
60543

FEC Identification Number

C C00657361

Purpose of Disbursement
Donation Cards

003

Amount of Each Disbursement this Period

330.02

Transaction ID : SB17.6654

☐ Memo Item

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

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

922.42

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Skooters

Mailing Address 700 W Jefferson St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2021

City
ShorewoodState
ILZip Code
60404

FEC Identification Number

C C00657361

Purpose of Disbursement
Fundraiser

003

Amount of Each Disbursement this Period

557.36

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.6677

☐ Memo Item

State: IL

District: 14

Full Name (Last, First, Middle Initial)

B. Soloman, Ronald, , ,Mailing Address 9811 W Charleston Blvd
#2155

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2021

City
Las VegasState
NVZip Code
89117

FEC Identification Number

C

Purpose of Disbursement
In-kind - 300 Ball CapsCategory/
Type

Amount of Each Disbursement this Period

3000.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.6765

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. TFG LLCMailing Address 94 Medway St
Unit GL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2021

City
PovidenceState
RIZip Code
02906

FEC Identification Number

C C00657361

Purpose of Disbursement
Campaign Consulting

001

Amount of Each Disbursement this Period

500.00

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.6645

☐ Memo Item

State: IL

District: 14

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

4057.36

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. TFG LLCMailing Address 94 Medway St
Unit GLCity
PovidenceState
RIZip Code
02906Purpose of Disbursement
Campaing Consulting

001

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

772.22

Transaction ID : SB17.6657

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 601 E Countryside Pkwy

City
YorkvilleState
ILZip Code
60560Purpose of Disbursement
PO Box

001

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2021

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

106.00

Transaction ID : SB17.6655

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

878.22

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

15451.55

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 90

☐ 17	☒ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Marter for Congress

Full Name (Last, First, Middle Initial)

A. Boone County Republican Central Committee

Mailing Address

City

State

Zip Code

Purpose of Disbursement
2 Dinner Tickets

008

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2021			

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

60.00

Transaction ID : SB18.6644

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for McCullagh

Mailing Address 813 Vertin Blvd

City

Shorewood

State

IL

Zip Code

60404

Purpose of Disbursement
Contribution

008

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2021			

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

50.00

Transaction ID : SB18.6659

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAC Illinois DivisionMailing Address 110 Higgins Rd
Unit 2

City

Park Ridge

State

IL

Zip Code

60068

Purpose of Disbursement
Dinner Tickets

007

Candidate Name

Marter for Congress

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2021			

FEC Identification Number

C C00657361

Amount of Each Disbursement this Period

207.00

Transaction ID : SB18.6690

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

317.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 90

☐ 17 20a	☒ 18 20b	☐ 19a 20c	☐ 19b 21
------------------------------------	---	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)
Marter for Congress

Full Name (Last, First, Middle Initial)

A. Republican Assembly Lake County

Mailing Address PO Box 784

Date of Disbursement

M M / D D / Y Y Y Y
12 / 09 / 2021

City
LibertyvilleState
ILZip Code
60048

FEC Identification Number

C C00657361

Purpose of Disbursement
Donation, dues, food

008

Amount of Each Disbursement this Period

70.00

Transaction ID : SB18.6663

☐ Memo Item

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Full Name (Last, First, Middle Initial)

B. Stamp Act PAC

Mailing Address PO Box 1142

Date of Disbursement

M M / D D / Y Y Y Y
11 / 11 / 2021

City
YorkvilleState
ILZip Code
60560

FEC Identification Number

C C00657361

Purpose of Disbursement
Donation/Dues

008

Amount of Each Disbursement this Period

240.00

Transaction ID : SB18.6708

☐ Memo Item

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Full Name (Last, First, Middle Initial)

C. Western Kane County Republicans

Mailing Address PO Box 782

Date of Disbursement

M M / D D / Y Y Y Y
12 / 05 / 2021

City
Sugar GroveState
ILZip Code
60554

FEC Identification Number

C C00657361

Purpose of Disbursement
Dinner Tickets

008

Amount of Each Disbursement this Period

97.00

Transaction ID : SB18.6692

☐ Memo Item

Candidate Name

Marter for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

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

407.00

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

724.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6609

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

Election: 2022

Been Verified

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
307 5th Ave
16th Floor

City

State

ZIP Code

New York

NY

10016

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.89

0.00

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 09 D

Y 2021 Y

M M

D D

Y na Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

26.89

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

PAGE 30 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6611

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

Been Verified

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
307 5th Ave
16th Floor

City

State

ZIP Code

New York

NY

10016

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.89

0.00

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08

D 09

Y 2021

M M

D D

Y na

Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

26.89

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

PAGE 31 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4107

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

343.84

0.00

343.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 01^D

Y 2017 Y

M M

D D

Y N/A Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

343.84

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

PAGE 32 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4570

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

238.80

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

238.80

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M

D 01 D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

238.80

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

PAGE 33 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4168

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 13^D

Y 2017 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ 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).....▶

1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4169

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 23^D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 35 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4167

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

95.47

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.47

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 25^D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

95.47

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

PAGE 36 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4569

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3.00

0.00

3.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 30^D

Y 2017 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

3.00

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

PAGE 37 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4208

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 13 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4572

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

17.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 14 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

17.00

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

PAGE 39 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4209

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7000.00

0.00

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 16 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

7000.00

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

PAGE 40 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4210

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 16 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

5000.00

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

PAGE 41 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4211

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

17000.00

0.00

17000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 17 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

17000.00

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

PAGE 42 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4571

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

61.48

0.00

61.48

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M /

D 28 D /

Y 2018 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

61.48

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

PAGE 43 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4363

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

Election: 2018

Marter, James, Thomas, ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

61.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

61.48

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

/ D 28 D

/ Y 2018 Y

M M

/ D D

/ Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

61.48

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

PAGE 44 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4364

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

Marter, James, Thomas, ,

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

50.20

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 28 D /

Y 2018 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

50.20

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

PAGE 45 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4491

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

Marter, James, Thomas, ,

Election: 2018

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

66.19

0.00

66.19

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 01 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

66.19

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

PAGE 46 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4603

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

Marter, James, Thomas, ,

Election: 2018

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 11 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

200.00

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

PAGE 47 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4612

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

Marter, James, Thomas, ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50.00

0.00

50.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 13 D

Y 2018 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

50.00

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

PAGE 48 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4627

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

Election: 2020

Marter, James, Thomas, ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 16 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

200.00

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

PAGE 49 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4728

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2800.00

0.00

2800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

2800.00

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

PAGE 50 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4729

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

550.96

0.00

550.96

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

550.96

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

PAGE 51 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4730

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

46.80

0.00

46.80

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

46.80

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

PAGE 52 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4731

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37.20

0.00

37.20

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 14 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

37.20

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

PAGE 53 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4732

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

80.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

80.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 15 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

80.00

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

PAGE 54 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4629

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 17 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4733

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

78.50

0.00

78.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 26 D /

Y 2019 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

78.50

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

PAGE 56 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.4661

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9000.00

0.00

9000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 28 D

Y 2019 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

9000.00

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

PAGE 57 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.5547

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

999.00

0.00

999.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 11 D /

Y 2020 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

999.00

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

PAGE 58 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.5594

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3800.00

0.00

3800.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 25 D

Y 2020 Y

M M

D D

Y n/a Y

0.00

% (apr)

☐ Yes☒ 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).....▶

3800.00

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

PAGE 59 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.5477

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

Marter, James, Thomas, ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3472.86

0.00

3472.86

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 30 D

Y 2020 Y

M M

D D

Y n/a Y

0.00

% (apr)

☐ Yes☒ 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).....▶

3472.86

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

PAGE 60 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.5614

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

424.50

0.00

424.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 31 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

424.50

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

PAGE 61 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.5615

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

425.50

0.00

425.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

425.50

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

PAGE 62 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6172

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1.00

0.00

1.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 02 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

1.00

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

PAGE 63 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6165

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

109.84

0.00

109.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 05 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

109.84

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

PAGE 64 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6166

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

26.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.89

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 10 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

26.89

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

PAGE 65 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6220

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

Marter, James, Thomas, ,

Election: 2021

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

424.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

424.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

424.50

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

PAGE 66 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6222

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

21.97

0.00

21.97

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 01 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

21.97

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

PAGE 67 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6173

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

26.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 09 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

26.89

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

PAGE 68 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6188

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 12 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 69 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6221

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

Marter, James, Thomas, ,

Election: 2021

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

594.30

0.00

594.30

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 31 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

594.30

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

PAGE 70 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6189

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

31.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 04 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

31.00

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

PAGE 71 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6176

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

26.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06

D 09

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

26.89

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

PAGE 72 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6190

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 22 D

Y 2021 Y

M M

D D

Y n/a Y

0.00

% (apr)

☐ Yes☒ 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).....▶

50.00

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

PAGE 73 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6191

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11.29

0.00

11.29

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

11.29

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

PAGE 74 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6607

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M

D 01 D

Y 2021 Y

M M

D D

Y na Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

549.00

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

PAGE 75 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6608

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

120.45

0.00

120.45

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 08 D /

Y 2021 Y

M M /

D D /

Y na Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

120.45

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

PAGE 76 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6610

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 31 D /

Y 2021 Y

M M /

D D /

Y na Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

549.00

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

PAGE 77 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6612

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 31 D

Y 2021 Y

M M

D D

Y na Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

549.00

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

PAGE 78 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6606

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M /

D 08 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

25.00

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

PAGE 79 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6613

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

26.89

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.89

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 09 D

Y 2021 Y

M M

D D

Y na Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

26.89

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

PAGE 80 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6614

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 30 D

Y 2021 Y

M M

D D

Y na Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

549.00

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

PAGE 81 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6687

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

104.84

0.00

104.84

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 12^D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

104.84

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

PAGE 82 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6698

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

207.00

0.00

207.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 21^D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

207.00

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

PAGE 83 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6707

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

240.00

0.00

240.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M /

D 11 D /

Y 2021 Y

M M /

D D /

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

240.00

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

PAGE 84 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6711

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

251.35

0.00

251.35

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 11 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

251.35

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

PAGE 85 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6686

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

Election: 2022

Marter, James, Thomas, ,

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

73.85

0.00

73.85

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 30 D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

73.85

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

PAGE 86 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6701

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

233 Fox Chase Drive North

City

Oswego

State

IL

ZIP Code

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

549.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 01^DY 2021^Y

M M

D D

Y 0.00^Y

0.00

% (apr)

☐ Yes☒ 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).....▶

549.00

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

PAGE 87 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6699

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

97.00

0.00

97.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 05^DY 2021^Y

M M

D D

Y n/a^Y

0.00 % (apr)

☐ Yes ☒ 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).....▶

97.00

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

PAGE 88 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6706

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150.00

0.00

150.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 10^D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

150.00

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

PAGE 89 OF 90

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6702

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

Marter, James, Thomas, ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 31^D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

549.00

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

PAGE 90 OF 90

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marter for Congress

Transaction ID : SC/10.6700

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

Marter for Congress

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
233 Fox Chase Drive North

City

State

ZIP Code

Oswego

IL

60543

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

549.00

0.00

549.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 31^D

Y 2021 Y

M M

D D

Y n/a Y Y

0.00

% (apr)

☐ Yes☒ 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).....▶

549.00

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

66220.51

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