

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JAZMIN J ROBINSON FOR THE PEOPLE

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<input type="text" value="125.00"/>	<input type="text" value="0.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="125.00"/>	<input type="text" value="0.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="8942.09"/>	<input type="text" value="0.00"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="8942.09"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="125.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="8942.09"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JAZMIN J ROBINSON FOR THE PEOPLE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	100.00	0.00
(iii) TOTAL of contributions from individuals ▶	100.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	25.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	125.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	8942.09	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	8942.09	0.00
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)..... ▶	9067.09	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8942.09	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8942.09	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9067.09
25. SUBTOTAL (add Line 23 and Line 24).....	9067.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8942.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 57
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6881.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2025

Transaction ID : SA11D.4104

Amount of Each Receipt this Period
5.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8497.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2025

Transaction ID : SA11D.4107

Amount of Each Receipt this Period
20.00

Memo Item
Donation

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).....▶	25.00
TOTAL This Period (last page this line number only).....▶	25.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 57	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
101.56

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

Transaction ID : SA13A.4171

Amount of Each Receipt this Period
101.56

Memo Item
Namecheap, Inc. Website Services. Purchased domain names for campaign website

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
113.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 04 / 2025

Transaction ID : SA13A.4172

Amount of Each Receipt this Period
11.68

Memo Item
Namecheap, Inc. Transferred Domain Names for Campaign Website

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
335.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 06 / 2025

Transaction ID : SA13A.4173

Amount of Each Receipt this Period
222.00

Memo Item
Open AI, LLC Subscription used for research and communication

SUBTOTAL of Receipts This Page (optional)..... ▶	335.24
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
514.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2025

Transaction ID : SA13A.4174

Amount of Each Receipt this Period
179.00

Memo Item
NationBuilder Web Hosting

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
539.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2025

Transaction ID : SA13A.4175

Amount of Each Receipt this Period
25.00

Memo Item
Shutterstock Media, purchased photo for social medias

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1331.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 20 / 2025

Transaction ID : SA13A.4178

Amount of Each Receipt this Period
792.00

Memo Item
Fliki (Nine Thirty Five LLC) Subscription to create campaign videos

SUBTOTAL of Receipts This Page (optional)..... ▶ 996.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1522.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2025

Transaction ID : SA13A.4179

Amount of Each Receipt this Period
191.00

Memo Item
USPS Post Office Office expense, PO Box rental for campaign mail

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1524.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA13A.4180

Amount of Each Receipt this Period
2.04

Memo Item
FedEx Office Campaign Printing

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1525.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA13A.4181

Amount of Each Receipt this Period
0.97

Memo Item
Park Chicago LLC_Parking, paid for parking while campaigning

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.01

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1528.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA13A.4182

Amount of Each Receipt this Period
2.85

Memo Item
Park Chicago LLC_Parking, paid for parking while canvassing

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1530.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA13A.4183

Amount of Each Receipt this Period
2.85

Memo Item
Parking, paid for parking while canvassing. Not a Duplicate, second session on same day

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1579.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA13A.4184

Amount of Each Receipt this Period
49.00

Memo Item
Shutterstock Media, purchased images for my campaign website and social media

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.70

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1591.32

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2025

Transaction ID : SA13A.4185

Amount of Each Receipt this Period
11.37

Memo Item
Google Voice Inc Mobile Phone Service, used Google Voice for campaign phone number

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1597.64

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2025

Transaction ID : SA13A.4186

Amount of Each Receipt this Period
6.32

Memo Item
Google LLC Subscription, used Google Workspace for campaign email and coordination

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1602.29

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2025

Transaction ID : SA13A.4187

Amount of Each Receipt this Period
4.65

Memo Item
FedEx Office Printing services, printed petition signature sheets

SUBTOTAL of Receipts This Page (optional)..... ▶ 22.34

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1627.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2025

Transaction ID : SA13A.4188

Amount of Each Receipt this Period
24.86

Memo Item
FedEx Office Printing services, printed petition signature sheets

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1731.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2025

Transaction ID : SA13A.4189

Amount of Each Receipt this Period
104.15

Memo Item
Office Depot Office Max Canvassing supplies (clipboards and pens)

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6876.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : SA13A.4190

Amount of Each Receipt this Period
5145.00

Memo Item
Democratic Party of Illinois Database and subscription services and software that hosts voter data

SUBTOTAL of Receipts This Page (optional)..... ▶ 5274.01

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7103.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2025

Transaction ID : SA13A.4191

Amount of Each Receipt this Period
222.00

Memo Item
Open AI, LLC Subscription used for research and communication

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7126.87

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 07 / 2025

Transaction ID : SA13A.4192

Amount of Each Receipt this Period
23.57

Memo Item
FedEx Office Printing services, printed petition signature sheets and canvassing material

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7326.61

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 07 / 2025

Transaction ID : SA13A.4194

Amount of Each Receipt this Period
199.74

Memo Item
FedEx Office Printing services for petition signature sheets and canvassing material

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7424.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2025

Transaction ID : SA13A.4195

Amount of Each Receipt this Period
97.54

Memo Item
Office Depot Office Max Canvassing supplies (clipboards and pens)

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7448.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2025

Transaction ID : SA13A.4208

Amount of Each Receipt this Period
24.49

Memo Item
Printing services, printed petition signature sheets and canvassing material

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7823.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2025

Transaction ID : SA13A.4196

Amount of Each Receipt this Period
375.00

Memo Item
Minuteman Press Chicago Campaign Literature printed campaign flyers

SUBTOTAL of Receipts This Page (optional).....▶	497.03
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8273.64

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2025

Transaction ID : SA13A.4197

Amount of Each Receipt this Period
450.00

Memo Item
Minuteman Press Chicago Signs, campaign banners for canvassing events

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8276.36

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2025

Transaction ID : SA13A.4198

Amount of Each Receipt this Period
2.72

Memo Item
Park Chicago LLC_Parking, paid for parking while canvassing

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8282.60

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 13 / 2025

Transaction ID : SA13A.4199

Amount of Each Receipt this Period
6.24

Memo Item
Park Chicago LLC_Parking, paid for parking while canvassing

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.96

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 57	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
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FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8292.59

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA13A.4200

Amount of Each Receipt this Period
9.99

Memo Item
FedEx Office Printing services, printed petition signature sheets

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
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FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8471.59

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA13A.4201

Amount of Each Receipt this Period
179.00

Memo Item
NationBuilder Web Hosting

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago	State IL	Zip Code 60622
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FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line	Occupation Total Rewards Senior Manager
-------------------------------	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8472.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA13A.4202

Amount of Each Receipt this Period
1.18

Memo Item
Park Chicago LLC_Parking, paid for parking while

SUBTOTAL of Receipts This Page (optional)..... ▶	190.17
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8477.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA13A.4203

Amount of Each Receipt this Period
5.00

Memo Item
Park Chicago LLC_Parking, paid for parking while canvassing

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8516.28

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 18 / 2025

Transaction ID : SA13A.4204

Amount of Each Receipt this Period
18.51

Memo Item
SpotHero Parking, paid for parking while canvassing

C. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8905.62

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2025

Transaction ID : SA13A.4205

Amount of Each Receipt this Period
389.34

Memo Item
Minuteman Press Chicago Campaign Literature printed campaign literature

SUBTOTAL of Receipts This Page (optional)..... ▶ 412.85

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

A. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8917.61

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2025

Transaction ID : SA13A.4206

Amount of Each Receipt this Period
11.99

Memo Item
SpotHero Parking, paid for parking while canvassing

B. Full Name (Last, First, Middle Initial)
Robinson, Jazmin, Juanita, ,

Mailing Address 1705 W. Le Moyne St.
Apt C

City Chicago State IL Zip Code 60622

FEC ID number of contributing federal political committee. **C** H6IL07487

Name of Employer Dura-Line Occupation Total Rewards Senior Manager

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8967.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 21 / 2025

Transaction ID : SA13A.4207

Amount of Each Receipt this Period
49.48

Memo Item
FedEx Office Printing services, printed petition signature sheets and canvassing material

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).....▶	61.47
TOTAL This Period (last page this line number only).....▶	8942.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

Full Name (Last, First, Middle Initial) A. Democratic Party of Illinois			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025	
Mailing Address PO Box 10692			FEC Identification Number C	
City Chicago	State IL	Zip Code 60610	Amount of Each Disbursement this Period 5145.00	
Purpose of Disbursement Database and subscription services and software that hosts voter data			Transaction ID : SB17.4146	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FedEx Office			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2025	
Mailing Address 1800 W North Ave			FEC Identification Number C	
City Chicago	State IL	Zip Code 60622	Amount of Each Disbursement this Period 199.74	
Purpose of Disbursement Printing services for petition signature sheets and canvassing material			Transaction ID : SB17.4132	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FedEx Office			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2025	
Mailing Address 1800 W North Ave			FEC Identification Number C	
City Chicago	State IL	Zip Code 60622	Amount of Each Disbursement this Period 24.49	
Purpose of Disbursement Printing services, printed petition signature sheets and canvassing material			Transaction ID : SB17.4133	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5369.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 09 / 07 / 2025
Mailing Address 1800 W North Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60622
Purpose of Disbursement Printing services, printed petition signature sheets and canvassing material		Amount of Each Disbursement this Period 23.57
Candidate Name		Transaction ID : SB17.4134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement MM / DD / YYYY 09 / 15 / 2025
Mailing Address 1800 W North Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60622
Purpose of Disbursement Printing Services, printed petition signature sheets		Amount of Each Disbursement this Period 9.99
Candidate Name		Transaction ID : SB17.4135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement MM / DD / YYYY 09 / 21 / 2025
Mailing Address 1800 W North Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60622
Purpose of Disbursement Printing services, printed petition signature sheets and canvassing material		Amount of Each Disbursement this Period 49.48
Candidate Name		Transaction ID : SB17.4136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	83.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

Full Name (Last, First, Middle Initial) A. Fliki (Nine Thirty Five LLC)			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2025	
Mailing Address 8 The Green			FEC Identification Number C	
City Dover	State DE	Zip Code 19901	Amount of Each Disbursement this Period 792.00	
Purpose of Disbursement Subscription to create campaign videos			Transaction ID : SB17.4123	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Minuteman Press Chicago			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2025	
Mailing Address 1249 North Clybourn Ave			FEC Identification Number C	
City Chicago	State IL	Zip Code 60610	Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement Campaign Literature printed campaign flyers			Transaction ID : SB17.4148	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Minuteman Press Chicago			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2025	
Mailing Address 1249 North Clybourn Ave			FEC Identification Number C	
City Chicago	State IL	Zip Code 60610	Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement Signs, campaign banners for canvassing events			Transaction ID : SB17.4150	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1617.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

Full Name (Last, First, Middle Initial) A. Minuteman Press Chicago		Date of Disbursement MM / DD / YYYY 09 / 19 / 2025
Mailing Address 1249 North Clybourn Ave		FEC Identification Number C
City Chicago	State IL	Zip Code 60610
Purpose of Disbursement Campaign Literature printed campaign flyers		Amount of Each Disbursement this Period 389.34
Candidate Name		Transaction ID : SB17.4151
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement MM / DD / YYYY 09 / 15 / 2025
Mailing Address 6515 W Sunset Blvd Ste 440		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90028
Purpose of Disbursement Web Hosting		Amount of Each Disbursement this Period 179.00
Candidate Name		Transaction ID : SB17.4119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Office Depot Office Max		Date of Disbursement MM / DD / YYYY 09 / 07 / 2025
Mailing Address 1829 West Fullerton Ave.		FEC Identification Number C
City Chicago	State IL	Zip Code 60614
Purpose of Disbursement Canvassing supplies (clipboards and pens)		Amount of Each Disbursement this Period 97.54
Candidate Name		Transaction ID : SB17.4139
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	665.88
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 57	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JAZMIN J ROBINSON FOR THE PEOPLE

Full Name (Last, First, Middle Initial) A. OpenAI, LLC			Date of Disbursement MM / DD / YYYY 08 / 06 / 2025	
Mailing Address 548 Market Street PMB 97273			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 222.00	
Purpose of Disbursement Subscription used for research and communication			Transaction ID : SB17.4114	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. OpenAI, LLC			Date of Disbursement MM / DD / YYYY 09 / 06 / 2025	
Mailing Address 548 Market Street PMB 97273			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 222.00	
Purpose of Disbursement Subscription used for research and communication			Transaction ID : SB17.4116	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	444.00
TOTAL This Period (last page this line number only).....▶	8179.15

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4171**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
101.56	0.00	101.56

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 31 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	101.56
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4172**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.68	0.00	11.68

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 04 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	11.68
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4173**

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,				<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C				<input type="checkbox"/> General
City	State	ZIP Code		<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622		
				<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
222.00	0.00	222.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 06 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	222.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4174**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
179.00	0.00	179.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 15 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	179.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4175
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Robinson, Jazmin, Juanita, ,			Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1705 W. Le Moyne St. Apt C			<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Chicago	State IL	ZIP Code 60622	

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 19 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4178**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	
ZIP Code		<input checked="" type="checkbox"/> Personal Funds of the Candidate
60622		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
792.00	0.00	792.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 20 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	792.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4179**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
191.00	0.00	191.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 24 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	191.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4180**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	
ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate	
60622		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2.04	0.00	2.04

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 25 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2.04
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4181**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
0.97	0.00	0.97

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 25 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0.97
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) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4182**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2.85	0.00	2.85

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 25 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2.85
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) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4183**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2.85	0.00	2.85

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 25 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2.85
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) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4184**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
49.00	0.00	49.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 25 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	49.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4185**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.37	0.00	11.37

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

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

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

SUBTOTALS This Period This Page (optional).....▶	11.37
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4186**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6.32	0.00	6.32

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

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

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

SUBTOTALS This Period This Page (optional).....▶	6.32
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4187**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4.65	0.00	4.65

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	4.65
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4188**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24.86	0.00	24.86

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 01 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	24.86
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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4189**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
104.15	0.00	104.15

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	09 / 01 / 2025	None	0.00	

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).....▶	104.15
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4190**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5145.00	0.00	5145.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 02 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5145.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4191**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
222.00	0.00	222.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 06 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	222.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4192**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23.57	0.00	23.57

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	23.57
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4194**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
199.74	0.00	199.74

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	199.74
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4195
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Robinson, Jazmin, Juanita, ,			Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1705 W. Le Moyne St. Apt C			<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Chicago	State IL	ZIP Code 60622	

Original Amount of Loan 97.54	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 97.54
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 07 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	97.54
TOTALS This Period (last page in this line only)▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4208**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24.49	0.00	24.49

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 07 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	24.49
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4196**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
375.00	0.00	375.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 08 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	375.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4197**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
450.00	0.00	450.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 11 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	450.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4198**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2.72	0.00	2.72

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 12 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2.72
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4199**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6.24	0.00	6.24

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 13 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	6.24
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4200**
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9.99	0.00	9.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 15 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	9.99
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4201
JAZMIN J ROBINSON FOR THE PEOPLE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Robinson, Jazmin, Juanita, ,			Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1705 W. Le Moyne St. Apt C			<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Chicago	State IL	ZIP Code 60622	

Original Amount of Loan 179.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 179.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 15 / 2025	Date Due M M / D D / Y Y Y Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	179.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4202**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.18	0.00	1.18

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 15 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1.18
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4203**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1705 W. Le Moyne St.			<input type="checkbox"/> Other (specify) ▼
Apt C			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Chicago	IL	60622	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	09 / 15 / 2025	None		

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).....▶	5.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4204**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1705 W. Le Moyne St.			<input type="checkbox"/> Other (specify) ▼
Apt C			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Chicago	IL	60622	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18.51	0.00	18.51

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	09 / 18 / 2025	None		

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

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

SUBTOTALS This Period This Page (optional).....▶	18.51
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4205**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Robinson, Jazmin, Juanita, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C		<input type="checkbox"/> General
City	State	ZIP Code
Chicago	IL	60622
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
389.34	0.00	389.34

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 19 / 2025	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	389.34
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4206**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.99	0.00	11.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 20 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	11.99
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JAZMIN J ROBINSON FOR THE PEOPLE** Transaction ID : **SC/10.4207**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Robinson, Jazmin, Juanita, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1705 W. Le Moyne St. Apt C			<input type="checkbox"/> General
City	State	ZIP Code	<input type="checkbox"/> Other (specify) ▼
Chicago	IL	60622	
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
49.48	0.00	49.48

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 21 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	49.48
TOTALS This Period (last page in this line only).....▶	8942.09

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